

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90130 039 ****50.00

DOCUMENT # L02000018820

1. Entity Name
DREAM HOMES OF DAVIE, LLC



Principal Place of Business
**2313 SOUTH WEST 57TH TERRACE
HOLLYWOOD, FL 33024**

Mailing Address
**2313 SOUTH WEST 57TH TERRACE
HOLLYWOOD, FL 33024**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

47-0895560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKS, JEFFREY N ESQ.
1815 GRIFFIN ROAD
SUITE 200
DANIA, FL 33004**

Name

Ernest Caparelli

Street Address (P.O. Box Number is Not Acceptable)

2313 SW 57 Terrace

City

Hollywood

FL

Zip Code

33023

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

1/5/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CAPARELLI, ERNEST
2313 S.W. 57TH TERRACE
HOLLYWOOD, FL 33023** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
EPSTEIN, SHLOMO
3267 N.E. 168TH STREET
NORTH MIAMI BEACH, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GREENSPON, BENNETT
2431 N.E. 32ND COURT
LIGHTHOUSE POINT, FL 33064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

1/5/07 9549620556

Daytime Phone #