

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-26-2004 90051 008 ****50.00

DOCUMENT # L02000020623 1. Entity Name DREAMS COME TRUE, L.L.C.																													
Principal Place of Business 2501 E. COMMERCIAL BOULEVARD, SUITE 211 FORT LAUDERDALE, FL 33308			Mailing Address 2501 E. COMMERCIAL BOULEVARD, SUITE 211 FORT LAUDERDALE, FL 33308																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 219 E. COMMERCIAL BLVD. STE 100 FT. LAUDERDALE FL City & State Zip																											
Country USA		Country USA																											
4. FEI Number 11-3648631			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent NORDT, GREGORY M 100 W. CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE, FL 33309																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LAMBERT, ESTHER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2501 E. COMMERCIAL BOULEVARD, SUITE 211</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33308</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	LAMBERT, ESTHER		STREET ADDRESS	2501 E. COMMERCIAL BOULEVARD, SUITE 211		CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">MANAGER</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>HEYDON, CHRISTINA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>219 E. COMMERCIAL BLVD, STE 100</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FT. LAUDERDALE, FL 33308</td> <td></td> </tr> </table>			TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	HEYDON, CHRISTINA		STREET ADDRESS	219 E. COMMERCIAL BLVD, STE 100		CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Christina Heydon</u> <u>Christina Heydon</u> <u>4/6/04</u> <u>954-630-9449</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													