

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024009

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: POST DREAM, L.L.C.

**Current Principal Place of Business:**

809 CHIPAWAY DRIVE  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

607 W LUMSDEN RD  
BRANDON, FL 33511

**New Mailing Address:**

FEI Number: 20-0943035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEFFREY A. DOWD, P.A.  
550 NORTH REO STREET, SUITE 302  
TAMPA, FL 336091067 US

**Name and Address of New Registered Agent:**

JEFFREY A. DOWD, P.A.  
609 W LUMSDEN RD  
BRANDON, FL 33511 US

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.

SIGNATURE:

04/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MARANDA, MARIA G  
Address: 809 CHIPAWAY DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM ( ) Delete  
Name: HOCTER, JOSEPH C  
Address: 809 CHIPAWAY DRIVE  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARIA G MARANDA

MGRM

04/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date