2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 06, 2004 8:00 am Secretary of State

DOCUMENT # L02000032607 1. Entity Name JIMMY DREAMS, LLC					02-06-2004 90164 022 ****50.00			
Principal Place of Business P.O BOX 1930 EDGE/ATER MD 21037		Mailing Address P.O BOX1930 EDEVAIER MD 210	37	É			2400	8479
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022004	Chg-LLC	CR2E083 (10	0/03)
City & State		City & State			4. FEI Numbe			Applied For Not Applicable
Zip	Country Zip		Country	ountry 5. Certific		of Status Desired	□ \$5.0 Fee R	O Additional lequired
- / /s as To	6. Name and Address of Cu	rrent Registered Agent			7. Name and	Address of New R	egistered Agent	
ADAMS, G	IFNN	- Name			•			
200 S. OR. ORLANDO	Street	Address ((P.O. Box Numbe	er is Not Acceptable)			
		÷ . ,	City				FL Z	ip Code
8. The above	named entity submits this statem	ent for the purpose of changing its	registered office	or register	réd agent, or boi	in the State of Flo		er with, and accept
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, typed or printed name of registered agent and title if applicable. (,(NOTE: Registered Agent signature required when reinstating) DATE								
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indicated	on this report is true and accura-	ed with this filing does not qualify for te and that my signature shall have trustee empowered to execute this	the same legal ef	ect as if I	made under oath	n; that I am a manag	I further certify the ging member or r	at the information nanager of the