

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000810

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** DREAMS COME TRUE ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

127 WEST FAIRBANKS AVENUE #501  
WINTER PARK, FL 327894326

**New Principal Place of Business:**

**Current Mailing Address:**

127 WEST FAIRBANKS AVENUE #501  
WINTER PARK, FL 327894326

**New Mailing Address:**

**FEI Number:** 06-1677314      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HABER, LAWRENCE H ESQUIRE  
420 HARDING AVENUE  
SUITE 503  
COCOA, FL 32931 US

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

HABER, LAWRENCE H ESQUIRE  
6 ESCONDIDO CIRCLE  
SUITE 55  
ALTAMONTE SPRINGS, FL 32701 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/03/2010

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MM  
**Name:** DURRE, LINNDA  
**Address:** 127 W. FAIRBANKS AVE. #501  
**City-St-Zip:** WINTER PARK, FL 32789

I hereby 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: LINNDA DURRE

MGMR

05/03/2010

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