2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008083

Entity Name: FREE DREAMS, L.L.C.

Address:

City-St-Zip:

FILED Jan 23, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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120 LAKE VIEW DRIVE - #209 621 N. UNIVERSITY DR WESTON, FL 33326 PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

120 LAKE VIEW DRIVE - #209 621 N. UNIVERSITY DR WESTON, FL 33326 PLANTATION, FL 33324

FEI Number: 43-2003962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LARA, EDMON S
621 N. UNIVERSITY DRIVE
PLANTATION, FL 33324 US
LARA, EDMON S
621 N. UNIVERSITY DRIVE
PLANTATION, FL 33324 US
PLANTATION, FL 33324 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: EDMON S. LARA 01/23/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

() Delete Title: () Change (X) Addition OSSANDON, MATEO MGRM Name: Name: Address: Address: 6975 W 16TH AVE APT #416 City-St-Zip: City-St-Zip: HIALEAH, FL 33014 Title: Title: MGRM () Change (X) Addition () Delete Name: Name: MEJIA, CARLOS E MGRM Address: Address: 4110 NW 79TH AVE #1B City-St-Zip: City-St-Zip: MIAMI, FL 33166 Title: () Delete Title: MGRM () Change (X) Addition GARCIA, DORIS MGRM Name: Name: 6975 W 16TH AVE APT # 416 Address: Address: City-St-Zip: City-St-Zip: HIALEAH, FL 33014 Title: () Delete Title: MGRM () Change (X) Addition Name: Name: LARA, EDMON S MGRM 621 N. UNIVERSITY DR Address: Address: City-St-Zip: City-St-Zip: PLANTATION, FL 33324 Title: () Delete Title: MGRM () Change (X) Addition QUICENO, MARIA E MGRM Name: Name: 621 N. UNIVERSITY DR Address: Address: City-St-Zip: City-St-Zip: PLANTATION, FL 33324 Title: () Delete Title: () Change (X) Addition MARIN, GUSTAVO A MGRM Name: Name:

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.

Address:

City-St-Zip:

621 N. UNIVERSITY DR

PLANTATION, FL 33324

SIGNATURE: EDMON S. LARA MGRM 01/23/2004