


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000020375 1. Entity Name CUTLER DREAMS LLC	
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Principal Place of Business 9765 CUTLER RIDGE DR. MIAMI, FL 33157	Mailing Address 9765 CUTLER RIDGE DR. MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



01242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0308405	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GERONIMO, RALPH 9765 CUTLER RIDGE DR. MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GERONIMO, RALPH 9765 CUTLER RIDGE DR. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GERONIMO, LORRAINE 9765 CUTLER RIDGE DR. MIAMI, FL 33157
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07/05/05-80011-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **RALPH F. GERONIMO** **6/29/05 3057856434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #