


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 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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04272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0308405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GERONIMO, RALPH 9765 CUTLER RIDGE DR. MIAMI, FL 33157

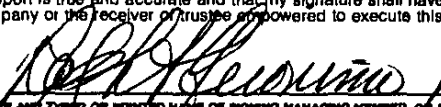
DO NOT WRITE IN THIS SPACE

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 _____	(NOTE: Registered Agent signature required when reappointing)	DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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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<p>U000000743845 05/15/07-80126-001 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	DATE: 4/27/07	DAYTIME PHONE #: 305-785-6434