2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# L03000021608

Entity Name: DREAM GARDENS, LLC

Current Principal Place of Business:

5345 E IRLO BRONSON HWY
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

5345 E IRLO BRONSON HWY
ST. CLOUD, FL 34771

New Mailing Address:

FEI Number: 35-2204444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSS, MIKE
5345 E IRLO BRONSON HWY
ST. CLOUD, FL 34771 US

Name and Address of New Registered Agent:

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 Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LAWLESS, LORRAINE
Address: 5345 E IRLO BRONSON HWY
City-St-Zip: ST. CLOUD, FL 34771 US

Title: MGRN ( ) Delete
Name: WILSON, ABRAHAM J
Address: 5345 EAST IRLO BRONSON HWY
City-St-Zip: ST. CLOUD, FL 34771

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: ROSS, MICHAEL W
Address: 5345 EAST IRLO BRONSON HWY
City-St-Zip: ST. CLOUD, FL 34771

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: LORRAINE LAWLESS MGRM 05/12/2008

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