

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90137 011 \*\*\*\*50.00

**DOCUMENT # L03000023892**

1. Entity Name  
**DREAM VACATIONS INTERNATIONAL, LLC**



Principal Place of Business  
**1 PROGRESS PLAZA  
# 800  
SAINT PETERSBURG, FL 33701**

Mailing Address  
**1 PROGRESS PLAZA  
# 800  
SAINT PETERSBURG, FL 33701**



**DO NOT WRITE IN THIS SPACE**

01122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**56-2366455**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DRAKE, ERICA  
1 PROGRESS PLAZA  
STE 800  
SAINT PETERSBURG, FL 33701**

**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          | MGR  |
| NAME           | DRAKE, ERICA K                                     |
| STREET ADDRESS | <del>445 3RD AVENUE NORTH</del> 106 1st St. E #101 |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33715                           |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
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| TITLE          |  |
| NAME           |  |
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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/6/05

Date

Daytime Phone #

727 895 7900