

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90408 006 \*\*\*\*50.00

**DOCUMENT # L03000024046**

1. Entity Name

DREAMCATCHER, LLC



Principal Place of Business

773 S. KIRKMAN ROAD  
SUITE 118  
ORLANDO FL 32811  
US

Mailing Address

P O BOX 100032  
PALM BAY FL 32910-0032  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0066094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMALL BUSINESS RESOURCES, INC.  
773 S. KIRKMAN ROAD  
SUITE 118  
ORLANDO FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| 9. MANAGING MEMBERS/MANAGERS |                                 | 10. ADDITIONS/CHANGES |  |
|------------------------------|---------------------------------|-----------------------|--|
| TITLE                        | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                         |                                 | NAME                  | MANAGER  |
| STREET ADDRESS               |                                 | STREET ADDRESS        | Jame G. BRENN  |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           | P O Box 100032, Palm Bay, FL 32910   |
| TITLE                        | <input type="checkbox"/> Delete | TITLE                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                                 | NAME                  |  |
| STREET ADDRESS               |                                 | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 | NAME                  |  |
| STREET ADDRESS               |                                 | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 | NAME                  |  |
| STREET ADDRESS               |                                 | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 | NAME                  |  |
| STREET ADDRESS               |                                 | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |  |
| TITLE                        | <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                         |                                 | NAME                  |  |
| STREET ADDRESS               |                                 | STREET ADDRESS        |  |
| CITY-ST-ZIP                  |                                 | CITY-ST-ZIP           |  |

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

J E DACEY

Date

Daytime Phone #

04/13/04 (407) 298-4646