

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000024139 1. Entity Name PURPLE DREAM, LLC			
Principal Place of Business 1001 BRICKELL BAY DRIVE, SUITE 1704 MIAMI, FL 33131		Mailing Address 24722 PRISCILLA DR DANA POINT, CA 92629	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 40 Mandalay Suite, Apt. #, etc. City & State Laguna Niguel, CA Zip Country 92677 USA	
		12092004 Chg-LLC CR2E083 (10/03)	
		4. FEI Number 33-1064031 Applied For APPLIED FOR	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTIAGO J. PADILLA, P.A. 1001 BRICKELL BAY DRIVE, SUITE 1704 MIAMI, FL 33131		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM GUTTERIDGE, CYNTHIA ☒ Delete	TITLE	☐ Change ☐ Addition 600043633906 12/27/04--01048--021 **50.00
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 1704	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	DUNZINGER, HANS	NAME	Dunzinger, Hans
STREET ADDRESS	1001 BRICKELL BAY DRIVE, SUITE 1704	STREET ADDRESS	40 Mandalay
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Laguna Niguel, CA 92677
TITLE		TITLE	MGRM ☐ Change ☒ Addition
NAME		NAME	Dunzinger, Cristina
STREET ADDRESS		STREET ADDRESS	40 Mandalay
CITY-ST-ZIP		CITY-ST-ZIP	Laguna Niguel, CA 92677
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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		DEC 15TH, 2004 Date Daytime Phone #	

FILED

2004 DEC 27 P 3: 57

