

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028839

FILED
Apr 13, 2006
Secretary of State

Entity Name: THE FLORIDA DREAM TEAM, LLC

Current Principal Place of Business:

217 RIDGEWOOD AVE., STE F
HOLLY HILL, FL 32117

New Principal Place of Business:

104 BROAD AVE.
DAYTONA BEACH, FL 32118

Current Mailing Address:

217 RIDGEWOOD AVE., STE F
HOLLY HILL, FL 32117

New Mailing Address:

104 BROAD AVE.
DAYTONA BEACH, FL 32118

FEI Number: 20-0133235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32114 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: MGR () Delete
Name: KNIGHT, JOEL
Address: 217 RIDGEWOOD AVE., STE F
City-St-Zip: HOLLY HILL, FL 32117

Title: MGR () Delete
Name: KNIGHT, ANGEL
Address: 217 RIDGEWOOD AVE., STE F
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KNIGHT, JOEL
Address: 104 BROAD AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR (X) Change () Addition
Name: KNIGHT, ANGEL
Address: 104 BROAD AVE.
City-St-Zip: DAYTONA BEACH, FL 32118

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGEL KNIGHT

MGR

04/13/2006

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