

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000032595

1. Entity Name
RIVERDREAMS, L.L.C.



Principal Place of Business

**1791 SW 24 STREET
MIAMI, FL 33145**

Mailing Address

**1791 SW 24TH STREET
MIAMI, FL 33145**

FILED
Apr 16, 2007 08:00 AM
Secretary of State



01082007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number 20-0186875	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHERMAN, THOMAS G ESQ, PA
218 ALMERIA AVE.
CORAL GABLES, FL 33134**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REBOUL, JEAN CLAUDE
STREET ADDRESS	7010 SW 48TH LANE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	MGRM
NAME	EVELYNE, REBOUL
STREET ADDRESS	7010 SW 48TH LANE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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04/26/07-80024-024-50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #