

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037585

FILED
Apr 21, 2005
Secretary of State

Entity Name: DREAM TEAM DELAND SPV, LLC

Current Principal Place of Business:

C/O SANDER MEDNICK
5835 21ST WAY
BOCA RATON, FL 33487

New Principal Place of Business:

C/O SANDER MEDNICK
5835 21ST WAY
BOCA RATON, FL 33496

Current Mailing Address:

C/O SANDER MEDNICK
5835 21ST WAY
BOCA RATON, FL 33487

New Mailing Address:

C/O SANDER MEDNICK
5835 21ST WAY
BOCA RATON, FL 33496

FEI Number: 20-2708439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDNICK, SANDER
5835 21ST WAY
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

MEDNICK, SANDER
5835 21ST WAY
BOCA RATON, FL 33496 US

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:

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WACHTELL, MICHAEL L
Address: 601 S. FIGUEROA STREET, SUITE 2400
City-St-Zip: LOS ANGELES, CA 90017

Title: MGRM () Delete
Name: MEDNICK, SANDER
Address: 5835 21ST WAY
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MEDNICK, SANDER
Address: 5835 21ST WAY
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SANDER MEDNICK

MGRM

04/21/2005

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