# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Aug 14, 2006**
**Secretary of State**

DOCUMENT# L04000003273

**Entity Name:** DREAMMAKERS STONE, LLC

**Current Principal Place of Business:**

191 BEECH ST.
FREEPORT, FL 32439 US

**New Principal Place of Business:**

1611 N BARCELONA ST.
PENSACOLA, FL 32501 US

**Current Mailing Address:**

191 BEECH ST.
FREEPORT, FL 32439 US

**New Mailing Address:**

1611 N BARCELONA ST
PENSACOLA, FL 32501 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

HOLSTON, MICHAEL D
191 BEECH ST.
FREEPORT, FL 32439 US

**Name and Address of New Registered Agent:**

HOLSTON, MICHAEL D
1611 N BARCELONA ST
PENSACOLA, FL 32501 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: MICHAEL D HOLSTON 08/14/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: HOLSTON, MICHAEL D
Address: 191 BEECH ST.
City-St-Zip: FREEPORT, FL 32439 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: HOLSTON, MICHAEL D
Address: 1611 N BARCELONA ST.
City-St-Zip: PENSACOLA, FL 32501 US

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: MICHAEL D HOLSTON MGRM 08/14/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date