

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000005616

FILED
Feb 24, 2005
Secretary of State

Entity Name: DREAM REALTY & DEVELOPMENT, L.L.C.

Current Principal Place of Business:

8879 W. COLONIAL DRIVE, SUITE 170
OCOE, FL 34761

New Principal Place of Business:

800 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32803

Current Mailing Address:

8879 W. COLONIAL DRIVE, SUITE 170
OCOE, FL 34761

New Mailing Address:

800 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32803

FEI Number: 20-0631068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUMMINS, JACQUI
8879 W. COLONIAL DRIVE, SUITE 170
OCOE, FL 34761 US

Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FL 32803 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: STEVEN C. LEE

02/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CUMMINS, JAMES K
Address: 8879 W COLONIAL DRIVE, SUITE 170
City-St-Zip: OCOE, FL 34761

Title: MGRM () Delete
Name: CUMMINS, JACQUI
Address: 8879 W COLONIAL DRIVE, SUITE 170
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES:

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

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

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: JACQUI CUMMINS

MGRM

02/24/2005

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