

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007552

Entity Name: DREAM SALONS I LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

21475 LINWOOD COURT
BOCA RATON, FL 33433 US

New Principal Place of Business:

Current Mailing Address:

21475 LINWOOD COURT
BOCA RATON, FL 33433 US

New Mailing Address:

4270 NW 64 TH LANE
BOCA RATON, FL 33496 US

FEI Number: 20-0658667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, LAWRENCE I
21475 LINWOOD COURT
BOCA RATON, FL 33433 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: FELDMAN, LAWRENCE I
Address: 21475 LINWOOD COURT
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGRM () Delete
Name: SACKS, ERIC
Address: 21475 LINWOOD COURT
City-St-Zip: BOCA RATON, FL 33433 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SACKS, ERIC
Address: 4270 NW 64 TH LANE
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM () Change (X) Addition
Name: SACKS, KAREN D
Address: 4270 NW 64 TH LANE
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 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: ERIC SACKS

MGRM

04/26/2006

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