2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006
Secretary of State

DOCUMENT# L04000010565

Entity Name: UNCHAINED REVERIE, LLC

Current Principal Place of Business:

713 SANDY CT.
#376
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

713 SANDY CT.
#376
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

PO BOX 160092
ALTAMONTE SPRINGS, FL 32716

FEI Number: 74-3115053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, TARA J
713 SANDY CT.
#376
ALTAMONTE SPRINGS, FL 32714 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: MGRM ( ) Delete
Name: ANDERSON, TARA J
Address: 713 SANDY CT. #376
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM ( ) Delete
Name: CLEVELAND, MICHAEL J
Address: 713 SANDY CT. #376
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 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: TARA ANDERSON MGRM 02/10/2006

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