

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010565

Entity Name: UNCHAINED REVERIE, LLC

FILED  
Apr 11, 2007  
Secretary of State

## Current Principal Place of Business:

713 SANDY CT.  
#376  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

892 LITTLE BEND ROAD  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

PO BOX 160092  
ALTAMONTE SPRINGS, FL 32716

## New Mailing Address:

892 LITTLE BEND ROAD  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 74-3115053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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:

ANDERSON, TARA J  
892 LITTLE BEND ROAD  
ALTAMONTE SPRINGS, FL 32714 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: TARA ANDERSON

04/11/2007

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: MGRM (X) Change ( ) Addition  
Name: ANDERSON, TARA J  
Address: 892 LITTLE BEND ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM (X) Change ( ) Addition  
Name: CLEVELAND, MICHAEL J  
Address: 892 LITTLE BEND ROAD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

MGMR

04/11/2007

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