

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000013951

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** DREAM TIME SLEEP PROPERTIES, LLC

**Current Principal Place of Business:**

24087 TWISTER LANE  
BROOKSVILLE, FL 34602 US

**New Principal Place of Business:**

**Current Mailing Address:**

24087 TWISTER LANE  
BROOKSVILLE, FL 34602 US

**New Mailing Address:**

**FEI Number:** 20-0755122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOHLER, WILLIAM C DR.  
24087 TWISTER LANE  
BROOKSVILLE, FL 34602 US

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

KOHLER, WILLIAM C M.D.  
24087 TWISTER LANE  
BROOKSVILLE, FL 34602 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: WILLIAM C. KOHLER, M.D.

02/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KOHLER, WILLIAM C DR.  
Address: 24087 TWISTER LANE  
City-St-Zip: BROOKSVILLE, FL 34602 US

I hereby 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: WILLIAM C. KOHLER, M.D.

MGR

02/26/2010

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