

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000023383

1. Entity Name
DREAM CASTLE PROPERTIES, LLC



Principal Place of Business

1776 N PINE ISLAND ROAD
208
PLANTATION, FL 33322 US

Mailing Address

1776 N PINE ISLAND ROAD
208
PLANTATION, FL 33322 US

FILED
Apr 27, 2007 08:00 AM
Secretary of State



04202007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3016462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CORRINE, ROSNER B
1776 N PINE ISLAND ROAD
208
PLANTATION, FL 33322

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DEREVENSKY, JACLYN G
STREET ADDRESS	1776 N PINE ISLAND ROAD
CITY-ST-ZIP	PLANTATION, FL 33322

TITLE	
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05/11/07-80069-003 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jaclyn G. Derevensky 4/23/07 954-663-5888