

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000023383

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** DREAM CASTLE PROPERTIES, LLC

**Current Principal Place of Business:**

1776 N PINE ISLAND ROAD  
208  
PLANTATION, FL 33322 US

**New Principal Place of Business:**

1500 WEST CYPRESS CREEK ROAD  
105  
FORT LAUDERDALE, FL 33309 US

**Current Mailing Address:**

1776 N PINE ISLAND ROAD  
208  
PLANTATION, FL 33322 US

**New Mailing Address:**

1500 WEST CYPRESS CREEK ROAD  
105  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 20-3016462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORRINE, ROSNER B  
1776 N PINE ISLAND ROAD  
208  
PLANTATION, FL 33322 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  
**Name:** DEREVENSKY, JACLYN G  
**Address:** 1776 N PINE ISLAND ROAD  
**City-St-Zip:** PLANTATION, FL 33322

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:** JACLYN DEREVENSKY

MGR.

02/15/2011

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