


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90040 003 ****50.00

DOCUMENT # L04000035467	
1. Entity Name DREAM BIG INVESTMENTS, LLC	

Principal Place of Business 3948 3RD ST S 195 JACKSONVILLE, FL 32250	Mailing Address 3948 3RD ST S 195 JACKSONVILLE, FL 32250 US
--	---

2. Principal Place of Business 12428 SAN JOSE BLVD	3. Mailing Address 12428 SAN JOSE BLVD
Suite, Apt. #, etc. SUITE #4	Suite, Apt. #, etc. SUITE #4
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32223	Country DUVAL



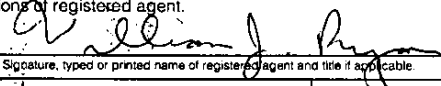
04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number 80-0110990	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent KLEIN, STEVEN M 3948 3RD ST S 195 JACKSONVILLE BEACH, FL 32250	
--	--

7. Name and Address of New Registered Agent Name WILLIAM J. RYAN Street Address (P.O. Box Number is Not Acceptable) 12428 SAN JOSE BLVD STE #4 City JACKSONVILLE FL Zip Code 32223	
---	--

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 	DATE 4-6-6

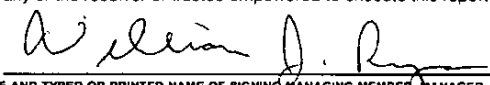
**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEIN, STEVEN M 3515 OCEAN CAY CIRCLE JACKSONVILLE BEACH, FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, WILLIAM J 12224 SPRINGMOOR CT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, WILLIAM J 12428 SAN JOSE BLVD STE #4 JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 4-6-6	DAYTIME PHONE # 260-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		