## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000035467**

1. Entity Name

DREAM BIG INVESTMENTS, LLC

US

FILED Apr 04, 2007 08:00 A Secretary of State

Principal Place of Business

12428 SAN JOSE BLVD

STE 4

JACKSONVILLE, FL 32223

Mailing Address

12428 SAN JOSE BLVD

STE 4

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32223

03082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 80-0110990 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, WILLIAM J 12428 SAN JOSE BLVD, STE 4 JACKSONVILLE, FL 32223

## 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 William Assume 4-3-07			
Signeture, typed or printed name of registered agent and title if Speciable (NOTE: Registered Agent signature required when reinstating) DATE			DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYAN, WILLIAM J 12428 SAN JOSE BLVD, STE 4 JACKSONVILLE, FL 32223		U00000689658
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/11/07-80044-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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:

NAME STREET ADDRESS CITY-ST-ZIP

4-2-07

904/ 260-0000

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Daytime Phone #