

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90019 032 ***138.75

DOCUMENT # L04000042929

1. Entity Name
DREAM CATCHER ESTATES, LLC



Principal Place of Business
**11617 INNFIELDS DRIVE
ODESSA, FL 33556**

Mailing Address
**11617 INNFIELDS DRIVE
ODESSA, FL 33556**

50005069

2. Principal Place of Business - No P.O. Box #
8108 Old Hixon Road
Suite, Apt. #, etc.

3. Mailing Address
8108 Old Hixon Rd
Suite, Apt. #, etc.



01042008 Chg-LLC CR2E083 (12/06)

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
80-0110052
Applied For
Not Applicable

Zip
33626

Country
USA

Zip
33626

Country
USA

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLANTON, MARK
11617 INNFIELDS DRIVE
ODESSA, FL 33556**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8108 Old Hixon Road
City **Tampa** FL Zip Code **33626**

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.

Mark Blanton
(NOTE: Registered Agent signature required when reinstating)

4-3-08
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **AMERICAN INTERN. ALLIANCE LTD PARTNERSHIP**
STREET ADDRESS **11617 INNFIELDS DRIVE**
CITY-ST-ZIP **ODESSA, FL 33556**

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **AMERICAN INTERNATIONAL ALLIANCE, L.P.**
STREET ADDRESS **8108 Old Hixon Road**
CITY-ST-ZIP **Tampa, FL 33626**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-3-08 **813 920-1031**
Date Daytime Phone #