

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L04000061307 1. Entity Name FLORIDA DREAMS LLC	
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Principal Place of Business 447C SOUTH CENTRAL DRIVE FORT WALTON BEACH, FL 32547 US	Mailing Address 447C SOUTH CENTRAL DRIVE FORT WALTON BEACH, FL 32547 US
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04132007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0644347	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKS, DICK M
447C SOUTH CENTRAL DRIVE
FORT WALTON BEACH, FL 32547

**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 _____ DATE _____
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000729361
05/09/07-80037-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANKS, DICK M 447C SOUTH CENTRAL DRIVE FORT WALTON BEACH, FL 32547
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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 #