


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000062149 1. Entity Name FLORIDA DREAMMAKERS, LLC	
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Principal Place of Business 540 WATER STREET CELEBRATION, FL 34747	Mailing Address 540 WATER STREET CELEBRATION, FL 34747
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DO NOT WRITE IN THIS SPACE



02262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 76-0764323	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CURTIS, KEVIN A 540 WATER STREET CELEBRATION, FL 34747

DO NOT WRITE IN THIS SPACE

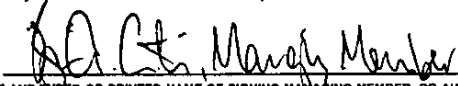
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURTIS, KEVIN A 906 SPRING PARK LOOP CELEBRATION, FL 34747
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<p>U000000653964 03/13/07-80044-002 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	2-27-06 <small>Date</small>	321-939-2210 <small>Daytime Phone #</small>
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