

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90426 013 ****50.00

DOCUMENT # L04000063516

1. Entity Name
DREAMROSE LLC



Principal Place of Business
1700 S DIXIE HWY
502
BOCA RATON, FL 33432 US

Mailing Address
1700 S DIXIE HWY
502
BOCA RATON, FL 33432 US

20059763



2. Principal Place of Business

Delaporte Pt., W. BAY ST.
Suite, Apt. #, etc.
HS #6
City & State
NASSAU

3. Mailing Address

% INVESTA
Suite, Apt. #, etc.
7040 W. Palmetto PK RD SE4#664
City & State
BOCA RATON

03202005 Chg-LLC CR2E083 (10/03)

4. FEI Number ☒ Applied For
Not Applicable

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

Zip Country
N/A BAHAMAS

Zip Country
33433 USA

6. Name and Address of Current Registered Agent

INVESTA FINANCIAL SERVICES LLC
1700 S. DIXIE HWY
502
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name
INVESTA FINANCIAL SERVICES LLC
Street Address (P.O. Box Number is Not Acceptable)
2410 Hollywood BLVD.
City Hollywood FL Zip Code 33020

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 *Arthur A. Ferdis*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE May 28, 2005

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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
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	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MGR.
Artech Mgt, Art Ferdis Trustee
7040 W. Palmetto PK Rd Ste 4 #664
BOCA RATON FL 33433

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Arthur A. Ferdis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE May 28, 2005 561-929-8449
Date Daytime Phone #