

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065887

FILED  
Aug 22, 2005  
Secretary of State

**Entity Name:** HOME DREAMS CAPITAL, LLC

**Current Principal Place of Business:**

1068 MALLARD MARSH DR  
OSPREY, FL 34229

**New Principal Place of Business:**

**Current Mailing Address:**

1068 MALLARD MARSH DR  
OSPREY, FL 34229

**New Mailing Address:**

FEI Number: 20-1595460      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DIRR, WADE F  
Address: 1068 MALLARD MARSH DR  
City-St-Zip: OSPREY, FL 34229

Title: S ( ) Delete  
Name: DIRR, JUDY W  
Address: 1068 MALLARD MARSH DR  
City-St-Zip: OSPREY, FL 34229

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WADE DIRR

MGR

08/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date