

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000072404</b>	
1. Entity Name <b>JREAM WORLD DEVELOPMENT LLC</b>	

Principal Place of Business <b>6431 NW 22ND STREET SUNRISE, FL 33313</b>	Mailing Address <b>6431 NW 22ND STREET SUNRISE, FL 33313</b>
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**DO NOT WRITE IN THIS SPACE**



05222006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>04-3619814</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SHAZIER, CHRISTINA  
3330 SPANISH MOSS TERRACE  
#312  
FT. LAUDERDALE, FL 33319**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAZIER, MAURICE E 6431 NW 22ND STREET SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAZIER, VERNON J 6431 NW 22ND STREET SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAZIER, LEE 6431 NW 22ND STREET SUNRISE, FL 33313
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05/31/06-80003-007 55.00

**DO NOT WRITE 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:** Maurice Shazier **MAURICE Shazier** 5/24/06 954-649-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #