

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000072404

1. Entity Name  
JREAM WORLD DEVELOPMENT LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 13 AM 9:17

Principal Place of Business  
6431 NW 22ND STREET  
SUNRISE, FL 33313

Mailing Address  
6431 NW 22ND STREET  
SUNRISE, FL 33313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06012006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
04-3619814

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME SHAZIER, MAURICE E ☐ Delete  
STREET ADDRESS 6431 NW 22ND STREET  
CITY-ST-ZIP SUNRISE, FL 33313

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME SHAZIER, VERNON J ☒ Delete  
STREET ADDRESS 6431 NW 22ND STREET  
CITY-ST-ZIP SUNRISE, FL 33313

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME SHAZIER, LEE ☐ Delete  
STREET ADDRESS 6431 NW 22ND STREET  
CITY-ST-ZIP SUNRISE, FL 33313

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME Edward Williams ☐ Delete  
STREET ADDRESS 6431 NW 22ND STREET  
CITY-ST-ZIP SUNRISE, FL 33313

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

000076400300

06/20/06--01077--005

Charged \$5.00 on 55.55

6-1-06 954-578-2157