### 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

#### May 31, 2005 8:00 am Secretary of State DOCUMENT # L04000077551 05-31-2005 90647 046 \*\*\*\*50.00 CALIFORNIA DREAMIN, LLC Principal Place of Business Mailing Address 32146 VIRGINIA WAY 32146 VIRGINIA WAY LAGUNA BEACH, CA 92651 LAGUNA BEACH, CA 92651 20059607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05192005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable Zin Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOMES, MICHAEL N ESQ. Street Address (P.O. Box Number is Not Acceptable) 2401 E, ATLANTIC BLVD. **SUITE 210** POMPANO, FL 33062 City Zip Code 6.2 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 Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME LUEDER, CAROLA 32146 VIRGINIA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAGUNA BEACH, CA 92651 CITY-ST-ZIP ·IIILE ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Oelete MLE ☐ Change Addition TILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete IMIE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MLE ☐ Addition mre ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 garpowered to execute this report as required by Chapter 608, Florida Statutes. arola Luederz SIGNATURE: G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 





# Florida Limited Liability

### CALIFORNIA DREAMIN, LLC

### PRINCIPAL ADDRESS 32146 VIRGINIA WAY LAGUNA BEACH CA 92651

### MAILING ADDRESS 32146 VIRGINIA WAY LAGUNA BEACH CA 92651

Document Number L04000077551 FEI Number NONE Date Filed 10/25/2004

State FL Status ACTIVE Effective Date NONE

Total Contribution 0.00

# Registered Agent

#### Name & Address

GOMES, MICHAEL N ESQ. 2401 E, ATLANTIC BLVD. SUITE 210 POMPANO FL 33062

Manager/Member Detail

Name & Address	Title
LUEDER, CAROLA 32146 VIRGINIA WAY	MGRM
LAGUNA BEACH CA 92651	

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10/25/2004 - Florida Limited Liabilites

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