

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90041 007 ****50.00

DOCUMENT # L04000077551 1. Entity Name CALIFORNIA DREAMIN, LLC			
Principal Place of Business 32146 VIRGINIA WAY LAGUNA BEACH, CA 92651		Mailing Address 32146 VIRGINIA WAY LAGUNA BEACH, CA 92651	
2. Principal Place of Business 2701 N.E. 4th STREET Suite, Apt. #, etc.		3. Mailing Address 2701 N.E. 4th Street Suite, Apt. #, etc.	
City & State POMPANO BEACH Zip 33062		City & State POMPANO BEACH Zip 33062	
Country		Country	
6. Name and Address of Current Registered Agent GOMES, MICHAEL N ESQ. 2401 E. ATLANTIC BLVD. SUITE 210 POMPANO, FL 33062		7. Name and Address of New Registered Agent Name ROZENCWANG, DADEL & FERRER-CARR, LLP Street Address (P.O. Box Number is Not Acceptable) 301 W. HALLANDALE BEACH BLVD City HALLANDALE BEACH FL	
4. FEI Number 33-1103866		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04052006 Chg-LLC CR2E083 (11/05)	
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  DATE 4/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUEDER, CAROLA 32146 VIRGINIA WAY LAGUNA BEACH, CA 92651 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 4/6/06 Daytime Phone #	