


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000081161 1. Entity Name DREAMHOUSE ENTERTAINMENT LLC	
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Principal Place of Business 1200 NW 78 AVE, #104 MIAMI, FL 33126	Mailing Address 1985 NW 88 CT, #201 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



03032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 11-3733431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOCHEN, ALEXANDER
1985 NW 88 CT, #201
4TH FLOOR
MIAMI, FL 33172

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

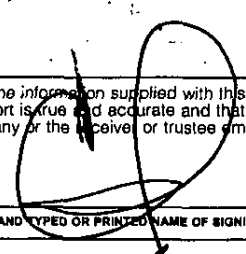
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PEDRE-FIORE, MERCEDES 1200 NW 78 AVE, #104 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FIORE, ALEXANDER A 1200 NW 78 AVE, #104 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOCHEN, ALEXANDER 1985 NW 88 CT, #201 MIAMI, FL 33172
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U00000869155
04/09/08-80035-010 138.75

**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:  **03/19/08** **786-777-7400**

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