

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90106 041 ****55.00

DOCUMENT # L04000085392

1. Entity Name

OCEAN DREAMING, LLC



Principal Place of Business

4145 BOUGAINVILLE DR
#1
LAUDERDALE BY THE SEA FL 33308

Mailing Address

P.O. BOX 11585
FORT LAUDERDALE FL 33339

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4145 BOUGAINVILLE DR. #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. #1

City & State

City & State

LAUDERDALE BY THE SEA, FL

Zip

Country

Zip

Country

33308

BROWARD



1st MOORE

CR2E083 (10/06)

4. FEI Number

20-2004023

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

~~MARK~~
MARIE
CHASE, DONNA
4145 BOUGAINVILLE DRIVE
LAUDERDALE BY THE SEA FL 33308

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 reinstalling)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CHASE, GORDON K PO BOX 11585 FORT LAUDERDALE FL 33339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CHASE, DONNAMARIE PO BOX 11585 FORT LAUDERDALE FL 33339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CHASE, GORDON K. 4145 BOUGAINVILLE DR. #1 LAUDERDALE BY THE SEA, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CHASE, DONNAMARIE 4145 BOUGAINVILLE DR. #1 LAUDERDALE BY THE SEA, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Donnamarie Chase DONNAMARIE CHASE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/13/07 754-214-9202

Date

Daytime Phone #