

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90145 035 \*\*\*\*50.00

**DOCUMENT # L04000088395**

1. Entity Name  
**DREAM REALTY OF FLORIDA, LLC**



Principal Place of Business  
**9147 SW 113 PLACE  
MIAMI, FL 33176**

Mailing Address  
**9147 SW 113 PLACE  
MIAMI, FL 33176**

**60004340**



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

3. Mailing Address

01042007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-2491247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DE ARMAS, LUZ  
9147 SW 113 PLACE  
MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name

**JUAN C. SALAZAR**

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

**9147 SW 113 PLACE**

City

**MIAMI**

FL

Zip Code

**33176**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☒ Delete  
NAME **DE ARMAS, LUZ**  
STREET ADDRESS **9147 SW 113 PLACE**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9211 SW 72 ST.**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☒ Addition  
NAME **MGRM**  
STREET ADDRESS **JUAN C. SALAZAR**  
CITY-ST-ZIP **9147 SW 113 PLACE  
MIAMI FL 33176**

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

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

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

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:**

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

**01/19/07**  
Date

**305-5981862**  
Daytime Phone #