

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015375

Entity Name: DREAM HOMES USA, LLC

FILED
Jul 11, 2008
Secretary of State

Current Principal Place of Business:

1835 NE MIAMI GARDENS DR
#117
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

3615 NE 207 ST
3108
AVENTURA, FL 33180

New Mailing Address:

1820 NE 163 ST
305
NMB, FL 33162

FEI Number: 27-0115741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BABA, AVI
3615 NE 207 ST
3108
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

BABA, AVI
1820 NE 163 ST
305
NMB, FL 33162 US

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.

SIGNATURE: _____

07/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BABA, AVI A
Address: 3615 NE 207 ST #3108
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: OHAYON, JACOB
Address: 1820 NE 163 ST #305
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BABA, AVI A
Address: 1820 NE 163 ST # 305
City-St-Zip: NMB, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AVI BABA

MGRM

07/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date