

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90311 017 ****50.00

00015010



01242007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-2832934** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000019028

1. Entity Name
DREAM LAND INVESTMENTS, LLC



Principal Place of Business
**4248 IDA COON CIRCLE
NICEVILLE, FL 32578 US**

Mailing Address
**4248 IDA COON CIRCLE
NICEVILLE, FL 32578 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**YON, LINDA
4248 IDA COON CIRCLE
NICEVILLE, FL 32578**

7. Name and Address of New Registered Agent
Name **LINDA HARRISON**
Street Address (P.O. Box Number is Not Acceptable)
4248 IDA COON CIRCLE
City **Niceville** FL Zip Code **32578**

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 _____

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

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

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR YON, LINDA 4248 IDA COON CIRCLE NICEVILLE, FL 32578 <input type="checkbox"/> Delete <i>See change</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LINDA HARRISON 4248 IDA COON CIRCLE NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BANKS, GARRY 32 BAYSHORE DRIVE VALPARAISO, FL 32580 <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: *Linda Harrison* 1/24/07 (850) 337-3234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #