

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020813

Entity Name: MBM DREAMCORP LLC

FILED
May 03, 2006
Secretary of State

Current Principal Place of Business:

7400 SW 50 TR
SUITE 103
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7400 SW 50 TR
SUITE 103
MIAMI, FL 33155

New Mailing Address:

FEI Number: 35-2248705 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:

Name and Address of New Registered Agent:

MILLER, MISTY A
14501 SW 87 AVE
MIAMI, FL 33176 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MILLER, MICHAEL G
Address: 14501 SW 87 AVE
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: MILLER, MISTY A
Address: 14501 SW 87 AVE
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: HOWARD, BRUCE J
Address: 10475 SW 72 AVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MISTY MILLER

COMP

05/03/2006

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