

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

DOCUMENT # L05000027496

1. Entity Name
DREAM PROPERTIES INVESTMENTS, LLC



Principal Place of Business
318 BELHAVEN FALLS COURT
OCOEE, FL 34761 US

Mailing Address
318 BELHAVEN FALLS COURT
OCOEE, FL 34761 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

07022007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2552583

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

CHOPRA, RAJAT
318 BELHAVEN FALLS COURT
OCOEE, FL 34761

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 reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOPRA, RAJAT 318 BELHAVEN FALLS COURT OCOEE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1001093282041 09/25/07--01027--004 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOPRA, RAVINDER 318 BELHAVEN FALLS COURT OCOEE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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

9/10/07 (407)905-9998
Date Daytime Phone #