FILED
May 04, 2006 8:00 am
Secretary of State
04-17-2006 90040 033 ****50.00

30007090

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000028893

1. Entity Name
MIAMI DREAM REALTY.COM, LLC

Principal Place of Business	Mailing Address
1865 79TH ST. CSWY #14J N. BAY VILLAGE, FL 33141	1865 79TH ST. CSWY #14J N. BAY VILLAGE, FL 33141

03302006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
1865 79 St. Cswy. #14J	1865 79 St. Cswy.
Suite, Apt. #, etc. #14J	Suite, Apt. #, etc. 14J
City & State N. Bay Village, FL. 33141	City & State N. Bay Village, FL. 33141
Zip 33141 Country USA	Zip 33141 Country USA

4. FEI Number 06-1774167 ☒ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

RON ASHTON COLEMAN
1865 79TH ST. CSWY #14J
N. BAY VILLAGE, FL 33141
✓

7. Name and Address of New Registered Agent

Name Ron Ashton Coleman
Street Address (P.O. Box Number is Not Acceptable) 1865 79 St Cswy. #14J
N. Bay Village, FL. 33141
City N. Bay Village, FL Zip Code 33141

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 Ron Ashton Coleman 3.30.06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Myself Only Ron A. Coleman	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER, CEO Ron A. Coleman 1865 79 St Cswy. #14J N. Bay Village, FL 33141	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Ron Ashton Coleman April 8th, 06 305.978.7704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #