


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90103 038 \*\*\*\*50.00

<b>DOCUMENT # L05000062702</b> 1. Entity Name <b>THE DREAM TEAM MUSIC GROUP LLC</b>					
Principal Place of Business <b>2155 OLD MOULTRIE RD. 108 ST AUGUSTINE, FL 32086</b>			Mailing Address <b>3212 TURTLE CREEK RD. ST AUGUSTINE, FL 32086</b>		
2. Principal Place of Business <b>2155 Old Moultrie Rd</b> Suite, Apt. #, etc. <b>108</b>		3. Mailing Address <b>2155 Old Moultrie Rd.</b> Suite, Apt. #, etc. <b>108</b>			
City & State <b>St. Augustine, FL</b> Zip <b>32086</b>		City & State <b>St. Augustine, FL</b> Zip <b>32086</b>		4. FEI Number <b>11-3753015</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JOHNSON, DAVID E 129 FERDINAND AVE. ST AUGUSTINE, FL 32080</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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)					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STAFFORD, JAMES L MR 3212 TURTLE CREEK RD ST AUGUSTINE, FL 32086</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JOHNSON, DAVID E MR 129 FERDINAND AVE. ST AUGUSTINE, FL 32080</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SWEENEY, ALFRED E JR 7 AVENUE DE LA MER, PH#1104 PALM COAST, FL 32137</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> _____ <span style="float: right;">7/6/06 9047941872</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					