## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000062702

Address:

City-St-Zip:

Entity Name: THE DREAM TEAM MUSIC GROUP LLC

FILED Sep 11, 2007 Secretary of State

Current Principal Place of Business:		New Prince	ipal Place of Business:	
2155 OLD	MOULTRIE RD.			
108 ST AUGU:	STINE, FL 32086			
Current Mailing Address:		New Maili	New Mailing Address:	
2155 OLD MOULTRIE RD. 108 ST AUGUSTINE, FL 32086			148 PELICAN DUNES DRIVE ORMOND BEACH, FL 32176	
In accordan	ice with s. 607.193(2)(b), F.S., the limited liability company		ne prior notice.	
Name and Address of Current Registered Agent:			Address of New Registered Agent:	
129 FERD ST AUGU: The above	N, DAVID E  DINAND AVE.  STINE, FL 32080 US  named entity submits this statement for the purpole of Florida.	ose of changing	its registered office or registered agent, or both	
SIGNATUI	RE <sup>.</sup>			
0.014/ (101	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete STAFFORD, JAMES L MR 3212 TURTLE CREEK RD ST AUGUSTINE, FL 32086	Title: Name: Address: City-St-Zip:	MGRM (X) Change ( ) Addition HOWARD, JAMES C MR 148 PELICAN DUNES DRIVE ORMOND BEACH, FL 32176	
Title: Name: Address: City-St-Zip:	MGRM () Delete JOHNSON, DAVID E MR 129 FERDINAND AVE. ST AUGUSTINE, FL 32080	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete SWEENEY, ALFRED E JR 7 AVENUE DE LA MER , PH#1104 PALM COAST, FL 32137	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	( ) Delete	Title:	MGR ( ) Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

148 PELICAN DUNES DRIVE

ORMOND BEACH, FL 32176

SIGNATURE: KACIE HOWARD MGR 09/11/2007