

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-04-2006 90026 044 ****50.00

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DOCUMENT # L05000066747 1. Entity Name VACATION DREAM MANSIONS, LLC					
Principal Place of Business 1441 W. 30TH ST. RIVIERA BEACH FL 33404				Mailing Address 1441 W. 30TH ST. RIVIERA BEACH FL 33404	
2. Principal Place of Business 1441 W 30th St Suite, Apt. #, etc.		3. Mailing Address 1441 W 30th St Suite, Apt. #, etc.			
City & State Riviera Beach FL Zip 33404		City & State Riviera Beach FL Zip 33404		4. FEI Number 20-3156485	
Country Palm Beach		Country Palm Beach		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, GRIFFIN REV 1441 W 30TH ST RIVIERA BEACH FL 33404				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES					
TITLE President ☐ Delete NAME Aev. Griffin Davis STREET ADDRESS 1441 W 30th St CITY- ST- ZIP Riviera Beach, FL 33404			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP 		
TITLE Secretary ☐ Delete NAME Hughetta Davis STREET ADDRESS 1441 W 30th St CITY- ST- ZIP Riviera Beach, FL 33404			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP 		
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP 			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP 		
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TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP 			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP 		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <u>Griffin Davis Rev. Griffin Davis</u> 4-24-06 561-842-6591 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					