

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90463 019 ****50.00

DOCUMENT # L05000083628



1. Entity Name
DREAMWORKS REALTY & DEVELOPMENT LLC

Principal Place of Business
1019 BELLEFLOWER DRIVE
PORT ORANGE, FL 32127 US

Mailing Address
1019 BELLEFLOWER DRIVE
PORT ORANGE, FL 32127 US

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

120 Godfrey RD
Suite, Apt. #, etc.

3. Mailing Address

120 Godfrey RD
Suite, Apt. #, etc.



03152007 Chg-LLC CR2E083 (12/06)

City & State
EDGEWATER FL

City & State
EDGEWATER FL

4. FEI Number **20-3444382**
APPLIED FOR

Applied For
Not Applicable

Zip **32141** Country **USA**

Zip **32141** Country **USA**

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

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139

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

Janet Fetterman
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

3-15-07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FETTERMAN, JANET E
1019 BELLEFLOWER DRIVE
PORT ORANGE, FL 32127** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Fetterman, Janet E
120 Godfrey RD
EDGEWATER FL 32141** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 606, Florida Statutes.

SIGNATURE:

Janet Fetterman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-15-07 380-299-6393

Date

Daytime Phone #