


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90076 041 ****50.00

DOCUMENT # L05000085685					
1. Entity Name DREAM KORP, LLC					
Principal Place of Business 718 DUVAL STREET KEY WEST, FL 33040			Mailing Address 718 DUVAL STREET KEY WEST, FL 33040		
2. Principal Place of Business - No P.O. Box # 1019 WATSON ST.		3. Mailing Address 1019 WATSON ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KEY WEST, FL.		City & State KEY WEST, FL		4. FEI Number 20-3384197	
Zip 33040		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN LOON, DAVID ESQ. 3158 NORTHSIDE DRIVE KEY WEST, FL 33040			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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME NOONAN-CONTRERAS, MARY K STREET ADDRESS 718 DUVAL STREET CITY-ST-ZIP KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT, MGRM NAME MARY K. NOONAN STREET ADDRESS 1019 WATSON ST. CITY-ST-ZIP KEY WEST, FL 33040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Mary K. Noonan</i>			Date: 7-1-07 (305) 292-0574		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					