

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085685

Entity Name: DREAM KORP, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

1019 WATSON ST
KEY WEST, FL 33040

New Principal Place of Business:

106 CARILLON MARKET STREET
SUITE 1
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

1019 WATSON ST
KEY WEST, FL 33040

New Mailing Address:

106 CARILLON MARKET STREET
SUITE 1
PANAMA CITY BEACH, FL 32413

FEI Number: 20-3384197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

VAN LOON, DAVID ESQ.
3158 NORTHSIDE DRIVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NOONAN, MARY K
Address: 1019 WATSON ST
City-St-Zip: KEY WEST, FL 33040

Title: P (X) Delete
Name: NOONAN, MARY K
Address: 1019 WATSON ST
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: NOONAN, MARY K
Address: 114 PARKSHORE DR.
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARY K. NOONAN

P

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date