

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90170 015 \*\*\*\*\*50.00

<b>DOCUMENT # L05000095920</b> 1. Entity Name <b>AMERICAN DREAMS OF FLORIDA, L.L.C.</b>					
Principal Place of Business <b>219 CRYSTAL GROVE BLVD. LUTZ, FL 33548</b>			Mailing Address <b>219 CRYSTAL GROVE BLVD. LUTZ, FL 33548</b>		
2. Principal Place of Business <b>9919 NORTH FL. QVE</b>			3. Mailing Address <b>9919 NORTH FL. QVE</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Tampa, FL</b>			City & State <b>Tampa, FL</b>		
Zip <b>33612</b>		Country <b>US</b>		4. FEI Number <b>20-3341470</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ALBRITTON, HOWARD 219 CRYSTAL GROVE BLVD. LUTZ, FL 33548</b>			7. Name and Address of New Registered Agent Name <b>Christopher H. Hill</b> Street Address (P.O. Box Number is Not Acceptable) <b>9919 North Fl. QVE</b> City <b>TAMPA</b> FL Zip Code <b>33612</b>		
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 <u><i>Howard Albritton</i></u> DATE <b>1-25-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ALBRITTON, HOWARD 219 CRYSTAL GROVE BLVD. LUTZ, FL 33548</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PHILLIPS, DAHL 13720 N. NEBRASKA AVE. TAMPA, FL 33613</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HILL, CHRISTOPHER 13720 N. NEBRASKA AVE. TAMPA, FL 33613</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Hill Christopher 9919 North Fl. QVE Tpa, FL 33612</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>Howard Albritton</i></u> <b>1/25/06</b> <b>813-909-0336</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					