2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
May 03, 2007 08:00 AM
Secretary of State

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1. Entity Name

FLORIDA LAND OF DREAMS, LLC



Principal Place of Business

535 CENTRAL AVE ST PETERSBURG, FL 33701 Mailing Address

535 CENTRAL AVE

ST PETERSBURG, FL 33701



02132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3685836

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, THOMAS E ESQ 535 CENTRAL AVE ST PETERSBURG, FL 33701

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	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.			<u> </u>	
Signature, typed or printed name of registered agent and title it applicable.		(NOTE, Registered Agent signature required when reinstating)	DATE	
	lling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS	MGR LILES, RICHARD A 901 CLEARWATER-LARGO ROAD			
CITY-ST-ZIP	LARGO, FL 33770	İ	000000760170 05/25/07-80001-021 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LILES, ROBERT M 3407 LEONA STREET TAMPA, FL 33629			
TITLE NAME STREET ADDRESS CITY+ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS				

11. I nereby certify that the information sepplied with this tilling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information indicated on this report is true and accordate and tract my sunature 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:

CITY-ST-ZIP

STREET ADDRESS CHY+ST-ZIP

IKE:

4/30

727-644-771

Daytime Prione #