

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90007 009 ****55.00

DOCUMENT # L05000097284

1. Entity Name
DREAM ACHIEVERS REALTY, LLC



Principal Place of Business
**1115 FRETZ STREET
PENSACOLA, FL 32534**

Mailing Address
**1115 FRETZ STREET
PENSACOLA, FL 32534**

2. Principal Place of Business

2300 E JOHNSON AVE
Suite, Apt. #, etc.

3. Mailing Address

2300 E JOHNSON AVE
Suite, Apt. #, etc.



03232006 Chg-LLC CR2E083 (11/05)

City & State
Pensacola FL

City & State
Pensacola FL

4. FEI Number
20-3571663

Applied For
☐ Not Applicable

Zip
32514

Country
Escambia

Zip
32514

Country
Escambia

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

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 32301-2960**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TAYLOR, PAUL
1115 FRETZ STREET
PENSACOLA, FL 32534** ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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 608, Florida Statutes.

SIGNATURE: **Paul m. Taylor** *Paul m Taylor* 4/10/06 (850) 450-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #