

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101367

Entity Name: SALLY'S DREAM, LLC

FILED
May 26, 2008
Secretary of State

Current Principal Place of Business:

2040 HIGHWAY A1A, SUITE 205
INDIAN HARBOR BEACH, FL 32937

New Principal Place of Business:

2040 HIGHWAY A1A, SUITE 205
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

2040 HIGHWAY A1A, SUITE 205
INDIAN HARBOR BEACH, FL 32937

New Mailing Address:

2040 HIGHWAY A1A, SUITE 205
INDIAN HARBOUR BEACH, FL 32937

FEI Number: 20-3621883 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:

LONG, SALLY
2040 HIGHWAY A1A, SUITE 205
INDIAN HARBOR BEACH, FL 32937 US

Name and Address of New Registered Agent:

LONG, SALLY
2040 HIGHWAY A1A, SUITE 205
INDIAN HARBOUR BEACH, FL 32937 US

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:

05/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LONG, SALLY
Address: 2040 HIGHWAY A1A, SUITE 205
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LONG, SALLY
Address: 2040 HIGHWAY A1A, SUITE 205
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: SALLY LONG

MGRM

05/26/2008

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