

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115997

FILED
Jul 13, 2007
Secretary of State

Entity Name: DREAMS MANAGEMENT, LLC

Current Principal Place of Business:

2626 E BAY ISLE DR SE
ST. PETERSBURG, FL 33705 US

New Principal Place of Business:

2520 N 50TH ST
TAMPA, FL 33619 US

Current Mailing Address:

2626 E BAY ISLE DR SE
ST. PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: 03-0576179 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:

Name and Address of New Registered Agent:

PATEL, SAPNA
2626 E BAY ISLE DR SE
ST. PETERSBURG, FL 33705 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, SAPNA
Address: 2626 E BAY ISLE DR SE
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: MGRM () Delete
Name: PATEL, AMAN
Address: 2626 E BAY ISLE DR SE
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: MGRM () Delete
Name: PATEL, BHITTI
Address: 2626 E BAY ISLE DR SE
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: MGRM () Delete
Name: SHAH, DEVANG
Address: 2626 E BAY ISLE DR SE
City-St-Zip: ST PETERSBURG, FL 33705 US

Title: MGRM () Delete
Name: PATEL, CHIRAG
Address: 2626 E BAY ISLE DR SE
City-St-Zip: ST PETERSBURG, FL 33705 US

ADDITIONS/CHANGES:

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

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

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

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

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: SAPNA PATEL

MGRM

07/13/2007

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