

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008768

**FILED**  
**Apr 22, 2007**  
**Secretary of State**

**Entity Name:** FAUX DREAM DESIGNS LLC

**Current Principal Place of Business:**

3314 SW 29TH AVE.  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

3314 SW 29TH AVE.  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 20-4181770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOENGES, THOMAS  
3737 SW 13TH AVE  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

TOENGES, THOMAS  
3314 SW 29TH AVE  
CAPE CORAL, FL 33914 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: \_\_\_\_\_

04/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TOENGES, SUSANNE  
Address: 3737 SW 13TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM ( ) Delete  
Name: TOENGES, THOMAS  
Address: 3737 SW 13TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TOENGES, SUSANNE  
Address: 3314 SW 29TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM (X) Change ( ) Addition  
Name: TOENGES, THOMAS  
Address: 3314 SW 29TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS TOENGES

MGRM

04/22/2007

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