

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90116 048 \*\*\*138.75

50003653



|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # L06000018934</b><br>1. Entity Name<br><b>DREAMVIEW INVESTMENTS, LLC</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>225 YACHT CLUB DRIVE, NE<br/>FORT WALTON BEACH, FL 32548</b>   |   |  | Mailing Address<br><b>225 YACHT CLUB DRIVE, NE<br/>FORT WALTON BEACH, FL 32548</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |   |  |
| City & State   |   | City & State   |   |   |  |
| Zip  |   | Country  |   | Zip   |  |
| Country  |   | Country  |   | 03152008    Chg-LLC    CR2E083 (12/06)                            |  |
| 4. FEI Number<br><b>20-4347079</b>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | <b>\$5.00</b> Additional Fee Required                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MCINNIS, C J ESQUIRE<br/>909 MAR WALT DRIVE<br/>SUITE 1014<br/>FORT WALTON BEACH, FL 32547</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____   |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>RAY, TIMOTHY E<br/>225 YACHT CLUB DRIVE, NE<br/>FORT WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |   |   |  |
| <b>SIGNATURE:</b>  |   |  | <b>4-14-08</b> <b>850-796-2813</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date    Daytime Phone #   |   |  |