

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052322

Entity Name: DREAM BATH, LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

2700 BISCAYNE BLVD.
MIAMI, FL 33317

New Principal Place of Business:

2700 BISCAYNE BLVD.
MIAMI, FL 33317

Current Mailing Address:

2700 BISCAYNE BLVD.
MIAMI, FL 33317

New Mailing Address:

2700 BISCAYNE BLVD.
MIAMI, FL 33317

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARTORI, BRUNO
2700 BISCAYNE BLVD.
MIAMI, FL 33317 US

Name and Address of New Registered Agent:

SARTORI, BRUNO
2700 BISCAYNE BLVD.
MIAMI, FL 33317 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: BRUNO SARTORI

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DI GIUSEPPE, ANDREA
Address: 2700 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33317

Title: MGR () Delete
Name: BISAZZA, PINO
Address: 2700 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33317

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DI GIUSEPPE, ANDREA
Address: 2700 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33317

Title: MGR (X) Change () Addition
Name: BISAZZA, PINO
Address: 2700 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33317

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: ANDREA DI GIUSEPPE

MJR

04/11/2007

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