## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** DOCUMENT # L06000063196 02-12-2007 90311 018 \*\*\*\*50.00 DREÁMCO VENTURES, LLC Principal Place of Business Mailing Address 660 SOUTH BARFIELD DRIVE 660 SOUTH BARFIELD DRIVE MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip \$5.00 Additional Country Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORMIER, STEPHEN J Street Address (P.O. Box Number is Not Acceptable) 660 SOUTH BARFIELD DRIVE MARCO ISLAND, FL 34145 City Zip Code 8. The above named entity sylomits 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 regis SIGNATURE Signature, type inu and agent and title it applicable. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITS E Delete ☐ Change Addition NAME CORMIER, STEPHEN J STREET ADDRESS 660 SOUTH BARFIELD DRIVE STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change ☐ Addition CORMIER, CHRISTOPHER M NAME NAME STREET ADDRESS 6730 BEACH RESORT DRIVE, #16 STREET ADDRESS CfTY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP MGRM TITE F ☐ Delete TITLE ☐ Change ☐ Addition NAME CORMIER, TIMOTHY J NAME 660 SOUTH BARFIELD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 exemptions or trusted empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

FILED

Feb 12, 2007 8:00 am