

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068478

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: BIG DREAMS, LLC

## Current Principal Place of Business:

1049 IDLEWILD DRIVE SOUTH  
DUNEDIN, FL 34698 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 22572  
TAMPA, FL 33622 US

## New Mailing Address:

1049 IDLEWILD DRIVE SOUTH  
DUNEDIN, FL 34698 US

FEI Number: 68-0633659

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DRISCOLL, MICHELE  
1049 IDLEWILD DRIVE SOUTH  
DUNEDIN, FL 34698 US

## Name and Address of New Registered Agent:

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: SALAM, WAJED  
Address: 5831 MARINER STREET  
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM ( ) Delete  
Name: DRISCOLL, MICHELE  
Address: 1049 IDLEWILD DRIVE SOUTH  
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGRM ( ) Delete  
Name: DELISA, CAROLE A  
Address: 1031 WYNDHAM WAY  
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM ( ) Delete  
Name: DRISCOLL, CAROLE ANN  
Address: 1049 IDLEWILD DRIVE SOUTH  
City-St-Zip: DUNEDIN, FL 34698 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DRISCOLL, MICHELE  
Address: 1049 IDLEWILD DRIVE SOUTH  
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGRM (X) Change ( ) Addition  
Name: DRISCOLL, CAROLE ANN  
Address: 1049 IDLEWILD DRIVE SOUTH  
City-St-Zip: DUNEDIN, FL 34698 US

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

Title: MGRM (X) Change ( ) Addition  
Name: DRISCOLL, CHRISTINA A  
Address: 1049 IDLEWILD DRIVE SOUTH  
City-St-Zip: DUNEDIN, FL 34698 US

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: MICHELE DRISCOLL

MGRM

03/21/2009

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