

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068835

Entity Name: NASSAU DREAMS, LLC

FILED
Feb 27, 2007
Secretary of State

Current Principal Place of Business:

96197 LONG BEACH DR.
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16393
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 20-5203894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENERAL BUSINESS SERVICES
12412 SAN JOSE BLVD.
SUITE 101
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

CHAD S. NEUMANN
96197 LONG BEACH DRIVE
FERNANDINA BEACH, FL 32034 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: CHAD S NEUMANN

02/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEUMANN, SANDRA
Address: 32174 GRAND PARKE BLVD
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGR () Delete
Name: NEUMANN, CHAD
Address: 32174 GRAND PARKE BLVD
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NEUMANN, SANDRA
Address: 96197 LONG BEACH DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGR (X) Change () Addition
Name: NEUMANN, CHAD
Address: 96197 LONG BEACH DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: CHAD NEUMANN

MGMR

02/27/2007

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