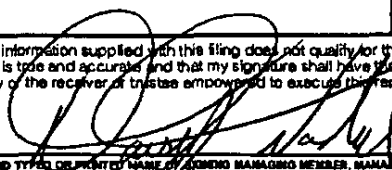


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
1/1 Feb 19, 2007 8:00 am
Secretary of State

01-17-2007 90010 036 ****50.00

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DOCUMENT # L06000077789			
1. Entity Name DREAMER INVESTMENTS LLC			
Principal Place of Business 14820 SW 212 AVE MIAMI, FL 33196		Mailing Address P O BOX 667742 MIAMI, FL 33166	
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
4. FEI Number 20-5998912		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NODAL, MARGARITA 14820 SW 212 AVE MIAMI, FL 33196		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when involving)			
Filing Fee is \$80.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NODAL, MARGARITA 14820 SW 212 AVE MIAMI, FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NODAL, DAISY 14820 SW 212 AVE MIAMI, FL 33196 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENTS ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 508, Florida Statutes.			
SIGNATURE: 		1/10/2007 7862175779	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Day/Mo/Year	