2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 27, 2007 8:00 am
Secretary of State
04-10-2007 90081 038 ****50.00

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1. Entity Name
DREAMERS' CHANCE 2, LLC

Principal Place of Business	Mailing Address
7521 TIPPIN AVENUE PENSACOLA, FL 32514 US	7521 TIPPIN AVENUE PENSACOLA, FL 32514 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4568 N. Spencer Field Road	4568 N. Spencer Field Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pace, Fl	City & State: Pace, Fl
Zip: 32571 Country: USA	Zip: 32571 Country: USA

4. FEI Number: 20-5551497 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CONNER, GEORGE JR.
7521 TIPPIN AVENUE
PENSACOLA, FL 32514

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 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	MGRM CONNER, GEORGE JR. 7521 TIPPIN AVENUE PENSACOLA, FL 32514 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4568 N. Spencer Field Road Pace, Fl 32571
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 608, Florida Statutes.

SIGNATURE: George Conner Jr. 4/5/07 850-995-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #