

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095467

FILED  
May 04, 2009  
Secretary of State

Entity Name: FLORIDA DREAMS ENTERPRISE, LLC

## Current Principal Place of Business:

5652 KENSINGTON LOOP  
FORT MYERS, FL 33912 US

## New Principal Place of Business:

3940 METRO PWAY  
SUITE 111-112  
FORT MYERS, FL 33916 US

## Current Mailing Address:

5652 KENSINGTON LOOP  
FORT MYERS, FL 33912 US

## New Mailing Address:

FEI Number: 20-5661227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SANTOS, AULEYR  
9602 BLUE STONE CIRCLE  
FORT MYERS, FL 33913 US

## Name and Address of New Registered Agent:

SANTOS, AULEYR  
5652 KENSINGTON LOOP  
FORT MYERS, FL 33912 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: AULEYR SANTOS

05/04/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SANTOS, AULEYR  
Address: 9602 BLUE STONE CIRCLE  
City-St-Zip: FORT MYERS, FL 33913 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SANTOS, AULEYR  
Address: 5652 KENSINGTON LOOP  
City-St-Zip: FORT MYERS, FL 33912 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: AULEYR SANTOS

MGR

05/04/2009

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