

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111562

Entity Name: DREAM VACATIONS LLC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

401 E. LAS OLAS BOULEVARD  
#130-147  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

401 E. LAS OLAS BOULEVARD  
#130-147  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 20-5786714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KC CALDWELL CPA, INC.  
7501 NW 4TH STREET  
STE - 112  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

DORN, MICHAEL C CPA  
502 N.E. 106TH STREET  
MIAMI SHORES, FL 33138 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: MICHAEL C. DORN

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: CARLTON, SANDRA M  
Address: 401 E. LAS OLAS BLVD, #130-147  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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: SANDRA M CARLTON

P

04/27/2010

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