


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90118 003 \*\*\*138.75

DOCUMENT # L07000034296			
1. Entity Name GO ON DREAMIN' LLC			
Principal Place of Business 1751 SUN-GAZER DR. ROCKLEDGE, FL 32955		Mailing Address 1751 SUN-GAZER DR. ROCKLEDGE, FL 32955	
2. Principal Place of Business - No P.O. Box # 1493 S Atlantic #52 Suite, Apt. #, etc. 52		3. Mailing Address 1493 S. Atlantic Suite, Apt. #, etc. 52	
City & State Cocoa Beach, Fl.		City & State Cocoa Beach, Fl.	
Zip 32931		Country USA	
4. FEI Number 30-0482800		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRINDLEY, LESLEY G 1751 SUN-GAZER DR. ROCKLEDGE, FL 32955		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 title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRINDLEY, LESLEY G 1751 SUN-GAZER DR. ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	same Brindley, Lesley G 1493 S. Atlantic #52 Cocoa Beach, Fl. 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRINDLEY, NICOLE M 1751 SUN-GAZER DR. ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	same Brindley, Nicole 1493 S. Atlantic #52 Cocoa Beach, Fl. 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.			
SIGNATURE: <i>Lesley Brindley</i>		Date: 4-14-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	