2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048417

PECK, CAROLYN A

4017 SOUTH WEST 93RD DRIVE

GAINSVILLE, FL 32608 US

Name:

Address:

City-St-Zip:

Entity Name: CAPS DREAMS LLC

FILED Aug 18, 2008 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 4017 SOUTH WEST 93RD DRIVE GAINSVILLE, FL 32608 **Current Mailing Address: New Mailing Address:** 4017 SOUTH WEST 93RD DRIVE GAINSVILLE, FL 32608 FEI Number: 20-8988223 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: Name and Address of New Registered Agent: PECK, CAROLYN A 4017 SOUTH WEST 93RD DRIVE GAINSVILLE, FL 32608 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition

Name:

Address:

City-St-Zip:

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: CAROLYN PECK MGRM 08/18/2008