

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062581

FILED  
May 11, 2009  
Secretary of State

Entity Name: DREAM CORP B LLC

**Current Principal Place of Business:**

3700 NW 124TH AVE SUITE 109  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3700 NW 124TH AVE SUITE 109  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 26-0377153      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:**

BARSALONA, MARILYN  
6211 NW 53RD CIRCLE  
CORAL SPRINGS, FL 33067      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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BARSALONA, MARILYN  
Address: 6211 NW 53 CIRCLE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGR      ( ) Delete  
Name: BARSALONA, DONALD  
Address: 6211 NW 53 CIRCLE  
City-St-Zip: CORAL SPRINGS, FL 33067

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARILYN BARSALONA

MGRM

05/11/2009

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