


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90180 023 ***143.75

DOCUMENT # L07000091237					
1. Entity Name CAVIAR DREAMS, LLC					
Principal Place of Business 404E HAWK ST. ROCKLEDGE, FL 32955			Mailing Address PO BOX 562774 ROCKLEDGE, FL 32956		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0904008	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANTONELLIS, LAURA D 2098 TULLAGEE AVE. MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Thistle, Laura D. 941 Whetstone Place Rockledge, FL 32955	
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 <i>Laura D. Thistle</i> Laura D. Thistle 03/13/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					

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03132008 Chg-LLC CR2E083 (12/06)

4. FEI Number
01-0904008

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

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 ANTONELLIS, LAURA D 2098 TULLAGEE AVE. MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Thistle, Laura D. 941 Whetstone Place Rockledge, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THISTLE, JAMES R SR. 2098 TULLAGEE AVE. MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Thistle, James R. Sr. 941 Whetstone Place Rockledge, FL 32955	<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 *Laura D. Thistle*

James R. Thistle