2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L07000105728

Entity Name: DREAM VACATIONS 101 LLC

Current Principal Place of Business:

762 S VILLAGE CIRCLE
TAMPA, FL 33606

New Principal Place of Business:

20218 HERITAGE POINT DRIVE
TAMPA, FL 33647

Current Mailing Address:

762 S VILLAGE CIRCLE
TAMPA, FL 33606

New Mailing Address:

20218 HERITAGE POINT DRIVE
TAMPA, FL 33647

FEI Number: 26-1255405 **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:

SCOTT T LODEN CPA PA
4601 CENTRAL AVENUE
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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: SMITH, SCOTT L
Address: 762 S VILLAGE CIRCLE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SMITH, SCOTT L
Address: 20218 HERITAGE POINT DRIVE
City-St-Zip: TAMPA, FL 33647

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: SCOTT L SMITH MGRM 05/01/2009

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