

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118517

Entity Name: DREAM TEAM LIVE, L.L.C.

FILED  
Apr 22, 2008  
Secretary of State

**Current Principal Place of Business:**

3480 TORREMOLINOS AVENUE  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

3480 TORREMOLINOS AVENUE  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VALENZUELA, MIGUEL A  
3480 TORREMOLINOS AVENUE  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

SHEPPARD, JUSTIN L  
3480 TORREMOLINOS AVENUE  
DORAL, FL 33178 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: JUSTIN L SHEPPARD

04/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VALENZUELA, MIGUEL A  
Address: 3480 TORREMOLINOS AVENUE  
City-St-Zip: DORAL, FL 33178

Title: MGR ( ) Delete  
Name: ARAUZ, CARLOS  
Address: 7400 SW 108 AVE #A-113  
City-St-Zip: MIAMI, FL 33176

Title: MGR (X) Delete  
Name: ESTRADA, JUAN C  
Address: 7400 SW 108 AVE #A-113  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHEPPARD, JUSTIN L  
Address: 3480 TORREMOLINOS AVENUE  
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change ( ) Addition  
Name: PALMIERI, JORDYN J  
Address: 3480 TORREMOLINOS AVE  
City-St-Zip: DORAL, FL 33178

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: JUSTIN L SHEPPARD

MGRM

04/22/2008

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