

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000083465

**FILED**  
**Apr 10, 2010**  
**Secretary of State**

**Entity Name:** DREAMWORKS OF PENSACOLA, LLC

**Current Principal Place of Business:**

4085 ALVAR DR.  
PENSACOLA, FL 32504 US

**New Principal Place of Business:**

**Current Mailing Address:**

4085 ALVAR DR.  
PENSACOLA, FL 32504 US

**New Mailing Address:**

**FEI Number:** 26-3277948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HADDOCK, ALLEN  
4085 ALVAR DR.  
PENSACOLA, FL 32504 US

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

HADDOCK, ALLEN H  
4085 ALVAR DR.  
PENSACOLA, FL 32504 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: ALLEN HADDOCK

04/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HADDOCK, ALLEN  
Address: 4085 ALVAR DR.  
City-St-Zip: PENSACOLA, FL 32504 US

I hereby 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: ALLEN HADDOCK

MGRM

04/10/2010

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