

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000094934

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN DREAM VACATIONS LLC

**Current Principal Place of Business:**

9805 S.E. US-1  
HOBE SOUND, FL 33455 US

**New Principal Place of Business:**

**Current Mailing Address:**

9805 S.E. US-1  
HOBE SOUND, FL 33455 US

**New Mailing Address:**

**FEI Number:** 94-3447567      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COPLEY, BRIAN  
9805 S. FEDERAL HWY.  
STUART, FL 33455 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  
Name: COPLEY, BRIAN  
Address: 9805 S.E. US-1  
City-St-Zip: HOBE SOUND, FL 33455 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: BRIAN COPLEY

MANG

02/16/2010

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