

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002118

**FILED**  
**Mar 09, 2005**  
**Secretary of State**

**Entity Name:** DREAMSCAPES INVESTMENT GROUP, L.L.C.

**Current Principal Place of Business:**

1819 MAIN ST., #110  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1819 MAIN ST., #110  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 75-2902247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLAKELEY, THOMAS K RA  
20306 67TH AVE E  
BRADENTON, FL 34211 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/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** BRATCHER, JOYCE  
**Address:** 1819 MAIN STREET, #110  
**City-St-Zip:** SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** MUNKELWITZ, CATHERINE  
**Address:** 1819 MAIN STREET, #110  
**City-St-Zip:** SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** CATHERINE MUNKELWITZ

TL

03/09/2005

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