

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # M04000005578**

**1. Entity Name**  
**AMERICAN DREAM RENTALS, LLC**



**Principal Place of Business**  
**5921 WILKINSON AVENUE**  
**VALLEY VILLAGE, CA 91607**

**Mailing Address**  
**5921 WILKINSON AVENUE**  
**VALLEY VILLAGE, CA 91607**



08102006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-1921323**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional-**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**PARACORP INCORPORATED**  
**236 EAST 8TH AVENUE**  
**TALLAHASSEE, FL 32303**

**DO NOT WRITE  
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**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

**DATE**

**Filing Fee is \$50.00**  
**Due by September 6, 2006**

000000575546  
08/29/06-80006-014 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**THE FLORENTINE FAMILY TRUST DATED APRIL 13**  
**5921 WILKINSON AVENUE**  
**VALLEY VILLAGE, CA 91607**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

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**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**

✓ 8/18/06 ✓ (818) 426-2924