

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 17, 2007 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



08032007 No 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 6TH AVENUE  
TALLAHASSEE, FL 32303

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

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

TITLE  
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CITY-ST-ZIP

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U000000772204  
08/17/07-80003-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 #

81407 (818) 926 2925