

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003040

Entity Name: DREAMWAY LLC

FILED
Jul 15, 2008
Secretary of State

Current Principal Place of Business:

231 EVEREST POINT, #105
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

231 EVEREST POINT, #105
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-4718055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SILVA-SPITALNIK, AMY
231 EVEREST POINT, E105
CASSELBERRY, FL 32707 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPITALNIK, MARK
Address: 231 EVEREST POINT, #105
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR () Delete
Name: SILVA-SPITALNIK, AMY
Address: 231 EVEREST POINT, #105
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AMY SILVA-SPITALNIK

MNG

07/15/2008

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