

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004136

**FILED  
Feb 16, 2011  
Secretary of State**

**Entity Name:** DREAM RIVER, LLC

**Current Principal Place of Business:**

522 BUNKERS COVE RD  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

522 BUNKERS COVE RD  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 20-3453241      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHORES, AARON J  
522 BUNKERS COVE RD  
PANAMA CITY, FL 32401      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:** SHORES, AARON J  
**Address:** 522 BUNKERS COVE RD  
**City-St-Zip:** PANAMA CITY, FL 32401

**Title:** MGRM  
**Name:** SHORES, KAREN H  
**Address:** 522 BUNKERS COVE RD  
**City-St-Zip:** PANAMA CITY, FL 32401

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: AARON J. SHORES      MGRM      02/16/2011

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