

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004136

FILED  
Jan 06, 2012  
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: KAREN H. SHORES

MGRM

01/06/2012

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