No. <b>W 64941</b>		Due no later than Jul 31, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DREAMWOR REID W OI	Annual Report Form  1. Mailing Address: Correct in this box if needed.  DREAMWORKS-PEBBLEROCK, LLC REID W OLSEN PO BOX 145 DONNELLY ID 83615		REID OLSEN CPA 131 S W 5TH AVE STE B MERIDIAN ID 83642			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
200	r Names and Addres	sses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	M MANGUM CHARTERS	PO BOX 145 PO BOX 145	DONNELLY DONNELLY	ID ID	USA USA	83615 83615	
5. Organized Under the Laws of: 6. Annu		nnual Report must be signed.*					
ъ	Signature:	Signature: Reid W Olsen Date: 05/13/2008					
W 64941	Name (type	Name (type or print): Reid W Olsen		Title: Cpa			
Processed 05/13/2008	* Electronically	* Electronically provided signatures are accepted as original signatures.					