

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90133 005 ***150.00

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1. Entity Name
DRR INVESTMENTS, L.L.C.

Principal Place of Business
2665 HILLIARD COURT
KISSIMMEE, FL 34744

Mailing Address
2665 HILLIARD COURT
KISSIMMEE, FL 34744

20012421



DO NOT WRITE IN THIS SPACE

01132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
01-0732378

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, TERRY L
2665 HILLIARD CT
FORT LAUDERDALE, FL 33309

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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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RUSSELL, ROBERT D
STREET ADDRESS 2665 HILLIARD COURT
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE MGR
NAME DEPPE, RONALD L
STREET ADDRESS 2665 HILLIARD COURT
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE MGR
NAME ROBERTS, TERRY LEE
STREET ADDRESS 2665 HILLIARD COURT
CITY-ST-ZIP KISSIMMEE, FL 34744

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NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: *Terry Lee Roberts* *Terry Lee Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/13/05
Date

407/547-9040
Daytime Phone #