

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015510

FILED
Feb 01, 2008
Secretary of State

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

Current Principal Place of Business:

2665 HILLIARD COURT
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

2665 HILLIARD COURT
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 01-0732378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, TERRY L
2665 HILLIARD CT
KISSIMMEE, FL 34744 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: MGR () Delete
Name: RUSSELL, ROBERT D
Address: 2665 HILLIARD COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: DEPPEN, RONALD L
Address: 2665 HILLIARD COURT
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Delete
Name: ROBERTS, TERRY LEE
Address: 2665 HILLIARD COURT
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: DEPPEN, RANDY
Address: 15516 92ND COURT, NORTH
City-St-Zip: WEST PALM BEACH,, FL 33412

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: TERRY LEE ROBERTS

MGR

02/01/2008

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