

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

3/5

03-05-2003 90298 005 \*\*\*\*50.00

**DOCUMENT # L02000015510**

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**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

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  
**BLODIG, GREGORY J  
100 W. CYPRESS CREEK ROAD STE. 700  
FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent  
Name  
**TERRY LEE ROBERTS**  
Street Address (P.O. Box Number is Not Acceptable)  
**2665 HILLIARD CT.**  
City  
**Kissimmee** FL Zip Code  
**34744**

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 **TERRY LEE ROBERTS** (NOTE: Registered Agent signature required when reinstating) DATE **2/28/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RUSSELL, ROBERT D 2665 HILLIARD COURT KISSIMMEE FL 34744</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DEPPEN, RONALD L 2665 HILLIARD COURT KISSIMMEE FL 34744</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ROBERTS, TERRY LEE 2665 HILLIARD COURT KISSIMMEE FL 34744</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE **TERRY LEE ROBERTS** **TERRY LEE ROBERTS** manager DATE **2/28/03** (407) 847 9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)