


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000013471

1. Entity Name
DRNP, L.L.C.



Principal Place of Business _____ Mailing Address _____

C/O HOWARD N. KAHN, ESQ
4000 HOLLYWOOD BLVD STE 400 N PRES. CIR
HOLLYWOOD, FL 33021

C/O KIRK HILL INTRNL HOLDINGS, INC.
5 COLUMBUS CENTER
ROAD TOWN, TORTOLA, BVI,

DO NOT WRITE IN THIS SPACE



01182005No Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4231319

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, HOWARD N ESQ
PRESIDENTIAL CIRCLE, STE. 400N
4000 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33021

**DO NOT WRITE
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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U000000186815
01/21/05-80073-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRK HILL INTERNATIONAL HOLDINGS, INC. 5 COLUMBUS CENTER ROAD TOWN, TORTOLA, BVI,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 608, Florida Statutes.

SIGNATURE:  **1/18/05** **786-385-8698**

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