
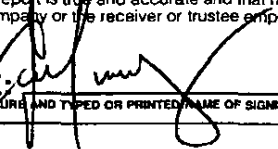


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

02-19-2004 90159 024 ****50.00

DOCUMENT # L03000034761 1. Entity Name DRK INVESTMENTS, LLC					
Principal Place of Business 131 WASHINGTON ST. MINNEOLA FL 34755		Mailing Address P.O. BOX 1152 MINNEOLA FL 34755			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #. etc.		Suite, Apt. #. etc.			
City & State		City & State		4. FEI Number 08-0566427	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent G&L AGENT SERVICES, INC. 390 N. ORANGE AVE., STE. 600 ATTN: PRESIDENT ORLANDO FL 32801				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
		President Carlos Jimenez 131 Washington St. Minneola, FL 34755			
		Vice President Ushma Chitalia 131 Washington St. Minneola, FL 34755			
		Vice President Rajeshree Desai 131 Washington St. Minneola, FL 34755			
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
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: 		CARLOS JIMENEZ		2/5/04 352-394-5227	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

J9001021



MOORE CR2E083 (11/03)