2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State

☐ Change

Addition

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1. Entity Nam	MENT # L03000055 DRE LANE, L.C.			05-08-2006 9	00238 001 ***250.	00	
Principal Place	e of Business	Mailing Address			30007565		
99 NESBIT STREET		ONE JAY STREET			26001202		
PUNTA GORDA, FL 33950		BOSTON, MA 02108					
	,	•				·!! AE(A! A)(A! A)(A)(AA; •9)(4 A)	7801 III 1001
2. Principal Place of Business		3. Mailing Address C/O the Bollard Group		,]		 	
Suite, Apt. #, etc.		Suite Ant # etc					
The state of the s		One JOY Street		05012006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Numi		Ar	plied For
		Boston 4A		NOT A	PPLICABLE	No	t Applicable
Zip Country		Zip Country		5. Certificat	e of Status Desired	S \$5.00 Add	
	6. Name and Address of Current			7 Name an	d Address of New F		u
	o. Name and Address of Current	nogistores Agent	Name	7. 142/110 (11)	a Addition (tograter ou Agont	
	, JACK O II, ESQ						
	RR, EMERICH, SIFRIT, HACK	Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
99 NESBIT	rstreet Orda, fl. 33950						
FUNIAGO	JNDA, I E 33930	-					
			City			FL Zip Cod	е
	named entity submits this statement for	or the purpose of changing its a	egistered office or re	gistered agent, or b	oth, in the State of Fl	orida. I am familiar with,	and accept
the obligat	ions of registered agent.						
SIGNATURE .							
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature r	equired when reinstating)	· · · · · · · · ·	DATE	
Filing Fee is \$50.00 Due by September 6, 2006					Make check payable to Florida Department of State		
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE	MGR	☐ Delete	TITLE			☐ Change	Addition
NAME	PARAFESTAS, ANASTASIOS		NAME				
STREET ADDRESS THE BOLLARD GROUP, ONE JO		OY STREET	STREET ADDRESS				
CITY-ST-ZIP	BOSTON, MA 02108		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
<u> </u>		Π	+			☐ Change	- Addition
NAME		Delete	TITLE NAME				☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		*****		
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME OTRET ADDRESS				
STREET ADORESS			STREET ADORESS CITY-ST-ZIP				
CITY-ST-ZIP							

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 of trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS City-St-Zip

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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