

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000027999**

1. Entity Name  
**DRM, LLC**



Principal Place of Business  
**1930 HARRISON STE. 300**  
**HOLLYWOOD, FL 33020**

Mailing Address  
**1930 HARRISON STE. 300**  
**HOLLYWOOD, FL 33020**



03012006No Chg-LLC

CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2444052</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MANTIN-SEGAL, DEBORAH**  
**1530 HARRISON ST #503**  
**HOLLYWOOD, FL 33020**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MANTIN-SEGAL, DEBORAH</b> <b>1930 HARRISON ST #503</b> <b>HOLLYWOOD, FL 33060</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MANTIN, MITCHELL</b> <b>1930 HARRISON ST #503</b> <b>HOLLYWOOD, FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/17/06 08:00 AM \$50.00

**DO NOT WRITE IN THIS SPACE**

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] 3/1/06 9849274595  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date City/State/Phone #