

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 52-2444052	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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	MGR MANTIN-SEGAL, DEBORAH 1930 HARRISON ST #503 HOLLYWOOD, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANTIN, MITCHELL 1930 HARRISON ST #503 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/14/06 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:

[Handwritten Signature]

3/1/06

9849274595

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

Date

Daytime Phone #