

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003499	
1. Entity Name INVERSIONES DRS L.L.C.	
Principal Place of Business 11210 N.W. 61ST STREET MIAMI, FL 33178	Mailing Address 11210 N.W. 61ST STREET MIAMI, FL 33178



DO NOT WRITE IN THIS SPACE

04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1012972	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ZOMERFELD, RAYMOND J 999 PONCE DE LEON BLVD STE 1045 CORAL GABLES, FL 33134

**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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRS MANAGEMENT SERVICES CORP. 11210 N.W. 61ST STREET MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZOMERFELD, RAYMOND 999 PONCE DE LEON BLVD, #1045 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #