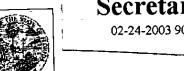
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



FILED
Mar 07, 2003 8:00 am
Secretary of State
02-24-2003 90047 023 *****50.00

DOCUMENT # L0200006035 BENTRY NAME DRG INVESTMENTS, L.L.C.				02-24-2003 9004		-
Principal Place of Business 111 SATSUMA DRIVE ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business		Mailing Address 111 SATSUMA DRIVE ALTAMONTE SPRINGS, FL 32714 3. Mailing Address				
City & State		City & State		4. FEI Number 04-3635019		t Applicable
Zìp	Country	Zip	Country	Certificate of Status Desired Name and Address of New Re	Fee Require	
	6. Name and Address of Current	t Registered Agent	Name	7. Name and Address of New 11	ogistor ou 14go	
DIETZ, WILLIAM J 25 SOUTH MAGNOLIA AVENUE ORLANDO, FL 32966			s (P.O. Box Number is Not Acceptable)		
			City		FL Zip Coo	le
BIGNATU R E -	Signature, typed or printed name of registered age	FILE:I	16. Registered Agents ignature requ NOWILL FEE IS \$50.00 blerto Florida: Departir L. R. May 1, 2003		DATE	
BIGNATURE -		FILE:I Make Check Paya Di	NOWIII FEE IS \$50.00 bleito Florida Departr ie By May 1, 2003) Hent of State		
DIGNATURE -		Make Check Paya Di DERS/MANAGERS	NOWIII FEE IS \$50.00 bleito Florida Departr ie By May 1, 2003			■ Addition
). Nitue Name Street address	MANAGING MEMI MGRM GRACIA, DANIEL 8534 BLACK MESA DRIVE	FILE:I Make Check Paya Di	NOWIII FEE IS \$50.00 bleito Florida Departr ie By May 1, 2003) Hent of State	/CHANGES	
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SIGNATURE: SEE ATTACHED FOR STOM ATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE

LIMITED LIABILITY COMPANY

FILED Mar 07, 2003 8:00 am Secretary of State

2003 90047 023 ****50.00

	MIFORM BU	SINESS REI	PORT (UBR)	Mar (
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2. Principal Plac		3. Mailing Addre		
Suite, Apt. #	eic.	Suite, Apt. 4, e	ric.	
City & State		City & State		DO NOT
Zip '.	Country	Zio		4 FEI Number 3635
	_ {	J -70	Country	

WRITE IN THIS SPACE 019 Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required ime and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) id antily submits this statement for the obligations of registered agent. ed office or registered agent, or both, in the State of Floride, I am familiar with, and eccept SIGNATURE MANAGING MEMBERS/MANAGERS TITLE NAME DONORWRITE

STREET ADDRESS CITY-ST-ZIP TITLE Nases STREET ADDRESS CITY-ST-ZP TITLE -STREET ADDRESS CITY-\$1-2# DILE IN THIS SPACE STREET ADDRESS CITY - ST- ZIP MLE NAME STREET ADDRESS CUTY-ST-ZIP TALE MAME STREET ADDRESS CITY-SI-ZP

11. I hereby certify that the information supplied with this fillipe does not qualify for the indicated on this report is true and accupate and that pry signature shall have the sampled hability company or the repelvaçor trustee apthowered to execute this report.

SIGNATURE: