2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013630

Entity Name: DRSM, L.L.C.

FILED Feb 06, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4 OLD KINGS ROAD NORTH, SUITE A 105 CYPRESS POINT PKWY

PALM COAST, FL 32137 SUITE A

PALM COAST, FL 32164

Current Mailing Address: New Mailing Address:

4 OLD KINGS ROAD NORTH, SUITE A 105 CYPRESS POINT PKWY PALM COAST, FL 32137 SUITEA

PALM COAST, FL 32164

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIUMENTO, MICHAEL D III CHIUMENTO, MICHAEL D III

4 OLD KINGS ROAD NORTH, SUITE C
4 OLD KINGS ROAD NORTH, SUITE A
PALM COAST, FL 32137 US
4 OLD KINGS ROAD NORTH, SUITE A
PALM COAST, FL 32137 US

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.

SIGNATURE: 02/06/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 DORNE, WILLIAM P JR.
 Name:

 Address:
 1540 LAMBERT AVENUE
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL 32136
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MAGEE, SHAWN P
 Name:

 Address:
 300 MARINA BAY DRIVE #205
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL 32136
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SECUNDA, RICHARD M
 Name:

 Address:
 5738 N. OCEANSHORE BLVD
 Address:

 City-St-Zip:
 PALM COAST, FL 32137
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 ROCKEY, DAVID S
 Name:

 Address:
 27 AUDUBON LANE
 Address:

 City-St-Zip:
 FLAGLER BEACH, FL 32137
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: W PADGE DORNE D.M.D. MGR 02/06/2007