2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013630

Entity Name: DRSM, L.L.C.

Title:

Name:

Address:

City-St-Zip:

MGRM

ROCKEY, DAVID S

27 AUDUBON LANE

() Delete

FLAGLER BEACH, FL 32137

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE A	ESS POINT PI						
PALM CO	AST, FL 32164	1					
Current Mailing Address:				New Mailing Address:			
105 CYPR SUITEA	ESS POINT PI	KWY					
PALM CO	AST, FL 32164	1					
FEI Number:	: 04-3687996	FEI Number Applied For ()	FEI Num	nber Not Appl	licable ()	Certificate of Status Desi	red()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CHIUMENTO, MICHAEL D III 4 OLD KINGS ROAD NORTH, SUITE A PALM COAST, FL 32137 US				CHIUMENTO, MICHAEL D III 4 OLD KINGS ROAD NORTH, SUITE B PALM COAST, FL 32137 US			
	named entity s e of Florida.	submits this statement for the	purpose of	f changing i	ts registered	office or registered agen	t, or both
SIGNATURE:				02/29/2008			
		nic Signature of Registered Ac	gent			Date	
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGRM () DORNE, WILLI 1540 LAMBER [*] FLAGLER BEA	Γ AVENUE		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	MAGEE, SHAW 300 MARINA BA FLAGLER BEA	AY DRIVE #205 CH, FL 32136		Title: Name: Address: City-St-Zip: Title:	MAGEE, SHAN 94 TROTTERS FLAGLER BEA	S LANE ACH, FL 32136	
Title: Name: Address: City-St-Zip:	SECUNDA, RIC 5738 N. OCEAN PALM COAST,	ISHORE BLVD		Name: Address: City-St-Zip:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: WILLIAMPDORNE MGRM 02/29/2008