

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90133 005 \*\*\*150.00

**DOCUMENT # L02000015510**

1. Entity Name

DRR INVESTMENTS, L.L.C.



Principal Place of Business

2665 HILLIARD COURT  
KISSIMMEE, FL 34744

Mailing Address

2665 HILLIARD COURT  
KISSIMMEE, FL 34744

20012421



01132005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0732378

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBERTS, TERRY L  
2665 HILLIARD CT  
FORT LAUDERDALE, FL 33309

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME RUSSELL, ROBERT D  
STREET ADDRESS 2665 HILLIARD COURT  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE MGR  
NAME DEPPEN, RONALD L  
STREET ADDRESS 2665 HILLIARD COURT  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE MGR  
NAME ROBERTS, TERRY LEE  
STREET ADDRESS 2665 HILLIARD COURT  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

**SIGNATURE:**

*Terry Lee Roberts*

*Terry Lee Roberts*

2/13/05

407/847-9040

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

Date

Daytime Phone #