2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 16, 2006 8:00 am Secretary of State 03-16-2006 90033 035 ****50.00 DOCUMENT # L02000019043 D.R.F. VENTURES, L.L.C. Principal Place of Business Mailing Address 8210 S.W. 63 COURT-1313 PONCE DE LEON BLVD MIAMI, FL 33143 STE 200 46784 SW 97 ST MIGMI, FL 33150 CORAL GABLES, FL 33134 02152006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1464868 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUESADA, G. FRANK ESQ DO NOT WRITE 1313 PONCE DE LEON BLVD., STE 200 CORAL GABLES, FL 33134 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, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE LISTA, DIANA NAME STREET ADDRESS Miami, FL 33156 CITY-ST-ZIP MIAMI, FL -33143-TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Wiena Zuta SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

3-2-06

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