


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90010 019 \*\*\*\*50.00

**DOCUMENT # L02000025207**

1. Entity Name  
**DRUID INVESTMENTS, LLC**



Principal Place of Business <b>919 ORANGE AVE          WINTER PARK, FL 32789</b>	Mailing Address <b>919 ORANGE AVE          WINTER PARK, FL 32789</b>
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**30005063**



02212008 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1552764</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BEASLEY, TROY  
 919 ORANGE AVE  
 WINTER PARK, FL 32789**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HENLEY, STEPHANIE 919 ORANGE AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BEASLY, TROY D 919 ORANGE AVE WINTER PARK, FL 32789
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**DO NOT WRITE IN THIS SPACE**

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:  4-10-06 407-629-7756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #