


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000005203
1. Entity Name
DREWRY ENTERPRISES, L.L.C.



Principal Place of Business 4321 SPANISH TRAIL ROAD PENSACOLA, FL 32504	Mailing Address P.O. BOX 30330 PENSACOLA, FL 32503-0330
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04072005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1150195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent
**DREWRY, DOUGLAS L
4261 BRIGHTON DRIVE
PENSACOLA, FL 32504**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000305814
04/14/05-80102-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DREWRY, DOUGLAS L 4261 BRIGHTON DRIVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DREWRY, JANNET L 4261 BRIGHTON DRIVE PENSACOLA, FL 32504
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Douglas L. Drewry* **Douglas L. Drewry, President** **12 April 2005** **(850) 432-7697**

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