


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 05, 2007 08:00 A
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

DO NOT WRITE IN THIS SPACE



03282007 No Chg-LLC CR2E083 (11/05)

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

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

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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: *Douglas L. Drewry* DATE: X3 APRIL 2007

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, 2007

9. MANAGING MEMBERS/MANAGERS

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

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04/11/07-80084-008 50:00

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: *Douglas L. Drewry* DATE: X4/13/07 850 432 7697

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