


**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* (NOTE: Registered Agent signature required when reinstating)  
 DATE: X 3 APRIL 2007

**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* X DOUGLAS L. DREWRY  
 DATE: X 4/13/07 850 432 7697  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #