


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 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

**DO NOT WRITE IN THIS SPACE**



03102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 57-1150195	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

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000892213  
 04/23/08-80057-001 138.75

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 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: *X Douglas L. Drewry* x 4/8/08

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