


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000007168**

1. Entity Name  
 DS, INVESTMENTS, L.L.C.



Principal Place of Business      Mailing Address

13815 NORTH INDIAN RIVER DRIVE      13815 NORTH INDIAN RIVER DRIVE  
 SEBASTIAN, FL 32958      SEBASTIAN, FL 32958

**DO NOT WRITE IN THIS SPACE**



01152006No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-0171951	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

STADNIK, DONALD E  
 13815 NORTH INDIAN RIVER DRIVE  
 SEBASTIAN, FL 32958

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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 \_\_\_\_\_ 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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STADNIK, DONALD E 13815 N INDIAN RIVER DRIVE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STADNIK, JUNE A 13815 N INDIAN RIVER DRIVE SEBASTIAN, FL 32958
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 02/01/06-80023-014 50.00

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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: June A. Stadnik June A. Stadnik      1-19-06      772-388-2405

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