2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 12, 2005 08:00 AM DOCUMENT # L03000014311 **Secretary of State** D.R. VENTURES, LLC. Principal Place of Business Mailing Address P.O. BOX 9663 P.O. BOX 9663 NAPLES,, FL 34101 US NAPLES,, FL 34101 US 03022005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 30-0167900 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RICH, DEAN K DO NOT WRITE 1400 14TH AVENUE N NAPLES, FL 34102 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 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 MANAGING MEMBERS/MANAGERS 9. MRGM TITLE NAME RICH, DEAN K STREET ADDRESS P.O. BOX 9663 CITY-ST-ZIP NAPLES, FL 34101 TITLE NAME U0U0UU261864 STREET ADDRESS 03/14/05-80029-022 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

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