

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000017471 1. Entry Name DRS HOLDINGS, LLC	
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Principal Place of Business 5404 OVERLOOK POINT LAKELAND, FL 33813 US	Mailing Address 5404 OVERLOOK POINT LAKELAND, FL 33813 US
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**DO NOT WRITE IN THIS SPACE**



03202006No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-0160246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SUNDEAN, DEBORAH R 5404 OVERLOOK POINT LAKELAND, FL 33813
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNDEAN, DEBORAH R 5404 OVERLOOK POINT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNDEAN, DOUGLAS R 5404 OVERLOOK POINT LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000515840  
 04/29/06-80225-017 50.00

**DO NOT WRITE IN THIS SPACE**

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: Deborah R. Sundean 3/20/06 (813) 838-4626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #