2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000031695

1. Entity Name
DREWLU HOLDINGS, LLC

Principal Place of Business	Mailing Address
13376 LAKE TURNBERRY CIR.	13376 LAKE TURNBERRY CIR.
ORLANDO, FL 32828	ORLANDO, FL 32828

DO NOT WRITE IN THIS SPACE

01062005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
75-3128118		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HORNING, DEAN A
13376 LAKE TURNBERRY CIR.
ORLANDO, FL 32828

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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	HORNING, DEAN A MR	
STREET ADDRESS	13376 LAKE TURNBERRY CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		U00000242482
NAME		02/24/05--80090-014 50.00
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THIS SPACE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ DEAN A HORNING ___ 2-22-05 ___ 407-478-7872

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