
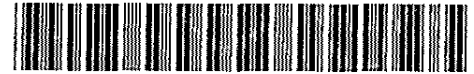


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

|   |  |         |   |   |          |
|---|--|---------|---|---|----------|
| DOCUMENT # L03000034761   |  |         |   |  |          |
| 1. Entity Name<br><b>DRK INVESTMENTS, LLC</b>   |  |         |   |   |          |
| Principal Place of Business<br>131 WASHINGTON ST.<br>MINNEOLA FL 34755  |  |         | Mailing Address<br>P.O. BOX 1152<br>MINNEOLA FL 34755 |   |          |
| 2. Principal Place of Business  |  |         | 3. Mailing Address                                    |   |          |
| Suite, Apt #, etc.  |  |         | Suite, Apt. #, etc.                                   |   |          |
| City & State  |  |         | City & State  |   |          |
| Zip   |  | Country | Zip   |   | Country  |
| 4. FEI Number<br><b>08-0566427</b>  |  |         |   | Applied For<br>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   |  |         | 7. Name and Address of New Registered Agent           |   |          |
| <b>G&amp;L AGENT SERVICES, INC.</b><br><b>390 N. ORANGE AVE., STE. 600</b><br><b>ATTN: PRESIDENT</b><br><b>ORLANDO FL 32801</b>   |  |         | Name  |   |          |
|   |  |         | Street Address (P.O. Box Number is Not Acceptable)    |   |          |
|   |  |         | City  |   |          |
|   |  |         | <b>FL</b>   |   | Zip Code |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |         |   |   |          |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>  |  |         |   |   |          |

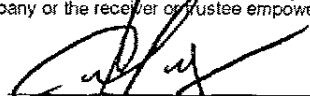


1st MOORE CR2E083 (10/04)

| 9. MANAGING MEMBERS/MANAGERS |                    |                                 |  | 10. ADDITIONS/CHANGES |  |   |  |
|------------------------------|--------------------|---------------------------------|--|-----------------------|--|---|--|
| TITLE                        | P                  | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | JIMENEZ, CARLOS    |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               | 131 WASHINGTON ST. |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-STATE-ZIP               | MINNEOLA FL 34755  |                                 |  | CITY-STATE-ZIP        |  |   |  |
| TITLE                        | V                  | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | CHITALIA, USHMA    |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               | 131 WASHINGTON ST. |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-STATE-ZIP               | MINNEOLA FL 34755  |                                 |  | CITY-STATE-ZIP        |  |   |  |
| TITLE                        | V                  | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | DESAI, RAJESHREE   |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               | 131 WASHINGTON ST. |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-STATE-ZIP               | MINNEOLA FL 34755  |                                 |  | CITY-STATE-ZIP        |  |   |  |
| TITLE                        |                    | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |                    |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               |                    |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-STATE-ZIP               |                    |                                 |  | CITY-STATE-ZIP        |  |   |  |
| TITLE                        |                    | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         |                    |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               |                    |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-STATE-ZIP               |                    |                                 |  | CITY-STATE-ZIP        |  |   |  |

U00000328687  Change  Addition  
04/25/05-80089-001 150.00

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE