

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034761

Entity Name: DRK INVESTMENTS, LLC

FILED  
Jan 11, 2007  
Secretary of State

**Current Principal Place of Business:**

1235 COMMONS CT.  
CLERMONT, FL 34711

**New Principal Place of Business:**

310 CRITTENDEN ST  
GROVELAND, FL 34736

**Current Mailing Address:**

P.O. BOX 1152  
MINNEOLA, FL 34755

**New Mailing Address:**

310 CRITTENDEN ST  
GROVELAND, FL 34736

FEI Number: 68-0566427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHEINBLUM, MARK D  
450 SOUTH ORANGE AVE.  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JIMENEZ, CARLOS  
Address: PO BOX 1152  
City-St-Zip: MINNEOLA, FL 34755

Title: MGR ( ) Delete  
Name: DESAI, MITESH  
Address: PO BOX 1152  
City-St-Zip: MINNEOLA, FL 34755

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JIMENEZ, CARLOS  
Address: 310 CRITTENDEN ST  
City-St-Zip: GROVELAND, FL 34736

Title: MGR (X) Change ( ) Addition  
Name: DESAI, MITESH  
Address: 310 CRITTENDEN ST  
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MITESH DESAI

MGR

01/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date