2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000023174]	Secretary of S
1. Entity Narr	ne	1/4			·
D&RIN	VESTMENTS, L.L.C.				
Principal Plac	ce of Business	Mailing Address	1	1	
7946 VARSII		7946 VARSILIA DRIVE			
ORLANDO, F	L 32836	ORLANDO, FL 32836			
			in in interest.		
Min in	istrial philipia			04212008 No Chg-LLC	CR2E083 (12/07)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
				11-3715993	Not Applicable
				5. Certificate of Status Desired	See Required
	6. Name and Address of Current	Registered Agent			
KAPOOR,				DO NOT W	RITE
7946 VARSILIA DRIVE ORLANDO, FL 32836					
Ortes (145)	5, 14 02000		i to to	IN THIS SE	PACE
	e named entity submits this statement for tions of registered agent	r the purpose of changing its regist	ered office or register	red agent, or both, in the State of F	orida. I am familiar with and accept
wie obliga	tions or registered agent				
SIGNATURE.	Signature, typed or printed name of registered agent.	and utterfrapplicable (NOTE Register	rec Agent signeture recured	: when renstating)	DATE
- FILE	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	•			
9.	MANAGING MEMBE			NAS AND AND AND AND	and thanks and the second second
TITLE	MGRM	HO) WANAGENO			
NAME	KAPOOR, DIMPLE				
STREET ADDRESS CITY-ST-ZEP	7946 VARSILIA DRIVE ORLANDO, FL 32836				
TITLE	MGRM				anngogogo (1917)
NAME STREET ADDRESS	KAPOOR, RAJAN				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS CITY-ST-ZIP	7946 VARSILIA DRIVE ORLANDO, FL 32836				
TITLE					
NAME STREET ADDRESS				시계 외 호 화를 받는다는 그렇다	
CITY-SI-ZIP				DO NOT W	/RITE
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NAME STREET ADDRESS					
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NAME STREET ADDRESS					
CITY-ST-ZIP				ki baareki.	
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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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 4/24/07 407-996-320 SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING MANUSING MEMBER, OR AUTHORIZED REPRESENTATIVE DULL DESCRIPTION OF DEPARTMENT OF THE PROPERTY OF T