

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034899

FILED  
Jul 17, 2008  
Secretary of State

**Entity Name:** DREWRY CONSTRUCTION & DEVELOPMENT, LLC

**Current Principal Place of Business:**

800 HULL ROAD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

800 HULL ROAD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 20-1109405      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DREWRY, ARTHUR  
800 HULL ROAD  
ORMOND BEACH, FL 32174      US

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: DREWRY, ARTHUR  
Address: 800 HULL ROAD  
City-St-Zip: ORMOND BEACH, FL 32174

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP      ( ) Change (X) Addition  
Name: DREWRY, SCOTT A  
Address: 422 CACTUS ST.  
City-St-Zip: PORT ORANGE, FL 32129

I hereby certify that the information supplied with this filing does not qualify 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: ARTHUR DREWRY

PRES

07/17/2008

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