

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066760

Entity Name: DRS INVESTMENTS LLC

FILED
Jun 05, 2008
Secretary of State

Current Principal Place of Business:

1006 W. 25TH. ST.
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

1006 W. 25TH. ST.
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 03-0591474 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:

DENOVE, THOMAS M
1006 W. 25TH. ST.
SANFORD, FL 32771 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: DENOVE, THOMAS M
Address: 135 W. TRADEWINDS RD.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Delete
Name: STALLARD, RANDY
Address: 624 NORTH ORANGE AVE.
City-St-Zip: DELAND, FL 32720 US

Title: MGRM () Delete
Name: ROY, KEVIN
Address: 1282 GREEN VISTA CIRCLE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

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

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

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

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: THOMAS M DENOVE

MGRM

06/05/2008

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