

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000077526

1. Entity Name
DRE INVESTMENTS, LLC



**FILED
Mar 10, 2008 8:00 am
Secretary of State**

03-10-2008 90333 050 ***138.75

60013351



03052008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business		3. Mailing Address	
4010 ELIZABETH DRIVE WINTER PARK, FL 32789		4010 ELIZABETH DRIVE WINTER PARK, FL 32789	
4. FEI Number 56-2492040		Applied For Not Applicable	
5. Certificate of Status Desired - <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			
DUKE, BRIAN L 709 EXECUTIVE DR WINTER PARK, FL 32789			
4070 ALOMA AVENUE #1030 WINTER PARK, FLORIDA 32792			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) City			
FL 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when remitting)

DATE

3/5/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: DUKE, BRIAN L STREET ADDRESS: 1010 ELIZABETH DR CITY-ST-ZIP: WINTER PARK, FL 32789		<input type="checkbox"/> Delete	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4070 ALOMA AVENUE #1030 WINTER PARK, FLORIDA 32792	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/5/08

Date

467-746-0057

Daytime Phone #