2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# L05000036072

Entity Name: DRV REAL ESTATE, LLC

Current Principal Place of Business:

2090 FLORENCE AVENUE, SUITE 201
CINCINNATI, OH 45206

New Principal Place of Business:

Current Mailing Address:

2090 FLORENCE AVENUE, SUITE 201
CINCINNATI, OH 45206

New Mailing Address:

FEI Number: 20-2669872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VISCONTI, GREGORY J
4801 BONITA BAY BOULEVARD, UNIT 2103
BONITA SPRINGS, FL 34134 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: MGR ( ) Delete
Name: ROLFES, JAMES P
Address: 2090 FLORENCE AVENUE, SUITE 201
City-St-Zip: CINCINNATI, OH 45206

Title: MGR ( ) Delete
Name: DAVIDSON, DALE A
Address: 37 TECH VIEW DRIVE
City-St-Zip: CINCINNATI, OH 45215

Title: MGR ( ) Delete
Name: VISCONTI, GREGORY J
Address: 4801 BONITA BAY BOULEVARD, UNIT 2103
City-St-Zip: BONITA SPRINGS, FL 34134

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 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: JAMES P. ROLFES MGR 01/09/2007

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