## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000061692

KAPLAN, SANFORD

1340 PALMETTO AVENUE

WINTER PARK, FL 32789

Name:

Address:

City-St-Zip:

Entity Name: DRE, LLC

FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3824 OAKWATER CIRCLE ORLANDO, FL 32806 **Current Mailing Address: New Mailing Address:** 3824 OAKWATER CIRCLE ORLANDO, FL 32806 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEATING, JOHN K 749 NORTH GARLAND AVENUE SUITE 101 ORLANDO, FL 32801 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete WEAVER, ROBERT P Name: Name: 3824 OAKWATER CIRCLE Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ROSE, MARC C Name: Address: 266 RIVERWAY DRIVE Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: MGR () Delete Title: () Change () Addition COLELLA, JAY P Name: Name: Address: 4586 PEBBLE BAY SOUTH Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition Name: KALSER, GARY A Name: 171 GENIUS DRIVE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT P. WEAVER PRES 04/13/2009