


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000073141 1. Entity Name DRDTSEC, LLC	
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Principal Place of Business 220 MIRAMAR WAY WEST PALM BEACH, FL 33405	Mailing Address 220 MIRAMAR WAY WEST PALM BEACH, FL 33405
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DO NOT WRITE IN THIS SPACE



04142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3811994	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

BAKER, DAVID H ESQ.
 ALLEY MAASS ROGERS & LINDSAY, P.A.
 340 ROYAL POINCIANA WAY, SUITE 321
 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000904775
 05/01/08-20026-015 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAKER, DAVID H 220 MIRAMAR WAY WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BAKER, CAROLYN P 220 MIRAMAR WAY WEST PALM BEACH, FL 33405
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Carolyn Baker 4/15/08 561-582-6315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #