2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # L05000088692 1. Entity Name 04-16-2007 90336 044 ****50.00 DR ASSOCIATES GROUP, LLC Principal Place of Business Mailing Address 14802 N. DALE MABRY HIGHWAY 14802 N. DALE MABRY HIGHWAY SUITE 335 SUITE 335 **TAMPA FL 33618 TAMPA FL 33618** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-3054781 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEIN, DAVID R Street Address (P.O. Box Number is Not Acceptable) 14802 N. DALE MABRY HIGHWAY #335 **TAMPA FL 33618** 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ☐ Detete TITLE **MGRM** 10104 Change Addition NAME PICALLO, ALBERT M STREET ADDRESS 14802 N. DALE MABRY HIGHWAY #335 STREET ADDRESS CITY - ST - ZIP CITY - ST- ZIP **TAMPA FL 33618** HILL MGRM Delete THLE ☐ Change Addition NAME CHONCHOLAS, JAMES P. STREET ADDRESS STREET ADDRESS 14802 N. DALE MABRY HIGHWAY #335 CITY - ST - ZIP CITY-ST-ZIP **TAMPA FL 33618** TITLE Delete TITLE MGR ☐ Change Addition NAME NAME HEIN, DAVID R STREET ADDRESS STREET ADDRESS 14802 N. DALE MABRY HIGHWAY #335 CITY-ST-71F CITY-ST-ZIP **TAMPA FL 33618** TITLE Delete Rudulph E. RAPER HHE Change Addition NAME NAME 14802 N. DALE MABRY HWY #335 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP Immpa, FL 33618 THE ☐ Delete Change maan CLIFTON Shepard NAME 14802 N. DALE MABRY HWY # 335 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TAMPA FL 33618 DHE Delete HHE ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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

FILED