2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000033840

1. Entity Name

DREW NORTHPORT INVESTMENTS, LLC



FILED Feb 11, 2008 08:00 AN Secretary of State

Principal Place of Business

9582 W COLONIAL DR OCOEE, FL 34761

Mailing Address

9582 W COLONIAL DR OCOEE, FL 34761



01312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4622541	 Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARDING ROBERT LESO.

20 NORTH EOLA DRIVE ORLANDO, FL 32801		IN THIS SPACE	
		the second secon	
8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed here of registered agent and title if applicable.	(NDTE: Registered Agent signature required when reinstating) OATE	
FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9	MANAGING MEMBERS/MANAGERS MGR	The second of th	
TITLE NAME	DINKEL, MICHAEL		
STREET ADDRESS	9582 W COLONIAL DR	the state of the s	
CITY-ST-ZIP	OCOEE, FL 34761		
TITLE NAME		้าแกกกดองส่งๆสำนักเห็น	
STREET ADDRESS CITY-ST-ZIP		. U0000082439à 02/20/08-80076-012 138.75	
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE		IN THIS SPACE	
NAME STREET ADORESS			
CITY-ST-ZIP		A CONTRACTOR OF THE PROPERTY O	
TITLE		The second of th	
NAME STREET ADDRESS		A Company of the Company of the State of the Company of the State of the Company of the State of the Company of	
CITY-ST-ZIP			
TITLE		grant of patterns that we have great the grant of	

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 the 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 fimited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE