## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 27, 2007 8:00 am Secretary of State

DOCUMENT # L06000046284  1. Entity Name DRS INVESTMENTS, LLC					03-27-2007 901	96 020 ****50.0	0
Principal Place 5511 HANSE ORLANDO, FL	L AVENUE	Mailing Address 5511 HANSEL AVENUE ORLANDO, FL 32809					
2. Principal Pl	ace of Business - No P.O. Box #  AKE SALDWIN (AJE # etc.	3. Mailing Address  570 Axc A  Suite, Apt. 4 etc.	SALDENIA	CAJE 01312007			
کہ	UITÉ A	50176	City & State			CR2E083 (12/06)	oplied For
OK C	AND PL	DREAMB?		4. FEI Num	<u>५</u> ४३ <i>७8</i> ५७	- Nc	ot Applicable
3281	Country CLSA	Zip 3 1名(4	Country USA		e of Status Desired	□ \$5.00 Add	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							<u> </u>
RUSSELL, DOUGLAS R					. الريك قدر ber is Not Acceptable	)	
5511 HANSEL AVENUE ORLANDO, FL 32809					SALDUN	LANE	
			City	Suite	Α	Zip Cod	
- The - Labor				7	<b>)</b>	FL Zip Cod	-819
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 Signification from of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinfolding)  DATE							
	ling Fee is \$50.00 ue by May 1, 2007				1	e check payable to Department of Stat	e
9.	MANAGING MEMBER		10.	16/1	ADDITIONS/		
TITLE NAME		☐ Delete	TITLE NAME	DOUGLAS	A. Russeu	☐ Change	Ste. A
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP	ORGANDO		IN LANE	JIC, /T
TITLE		☐ Delete	TITLE	MGRU		<u>2814</u> ☐ Change	Addition
NAME			NAME		L. SECKIST	TI 5	rã. A
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	ORLANDO		2814	C. //
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME Street address			NAME STREET ADDRESS	]			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			NAME Street Address	1			
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TITLE NAME		Delete	TITLE NAME			☐ Change	Addition Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		· -	☐ Change	Addition
NAME STREET ADDRESS	}		NAME STREET ADDRESS	(			
CITY-ST-ZIP			CITY-ST-ZIP	L_			
11. I hereby o	certify that the information supplied with	this filing does not qualify for	the exemptions of	ontained in Chapter 11	9, Florida Statutes. I fu	inther certify that the info	ormation er of the
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 of the elegitor or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.							