

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111283

Entity Name: DRF PROPERTIES, LLC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

2318 SHIRECREST COVE WAY
LUTZ, FL 33558

New Principal Place of Business:

1925 GEORGIA AVENUE
ENGLEWOOD, FL 34224

Current Mailing Address:

2318 SHIRECREST COVE WAY
LUTZ, FL 33558

New Mailing Address:

1925 GEORGIA AVENUE
ENGLEWOOD, FL 34224

FEI Number: 20-8936647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, PAM W
2318 SHIRECREST COVE WAY
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

FITZGERALD, PAM W
1925 GEORGIA AVENUE
ENGLEWOOD, FL 34224 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: PAM W FITZGERALD

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FITZGERALD, KEVIN J
Address: 2318 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558

Title: VST () Delete
Name: FITZGERALD, PAMELA
Address: 2318 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: FITZGERALD, KEVIN J
Address: 1925 GEORGIA AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

Title: VST (X) Change () Addition
Name: FITZGERALD, PAMELA
Address: 1925 GEORGIA AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

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.

SIGNATURE: PAM W FITZGERALD

VP

04/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date