

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Sep 02, 2009  
Secretary of State**

DOCUMENT# L08000076186

**Entity Name:** DPS INVESTMENTS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

4660 NEW BROAD STREET  
ORLANDO, FL 32814

**New Principal Place of Business:**

**Current Mailing Address:**

4660 NEW BROAD STREET  
ORLANDO, FL 32814

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

STOLTZFUS, DANIEL P  
4660 NEW BROAD STREET  
ORLANDO, FL 32814    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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MR                      ( ) Change (X) Addition  
Name:                      STOLTZFUS, DANIEL P MR  
Address:                      4660 NEW BROAD STREET  
City-St-Zip:                      ORLANDO, FL 32814

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: DANIEL P. STOLTZFUS

MR

09/02/2009

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