

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008364

1. Entity Name
CENTRAL FLORIDA DRAINAGE, LLC



Principal Place of Business
2002 RICHARD JONES ROAD, SUITE C-105
NASHVILLE, TN 37215-8385

Mailing Address
PO BOX 158385
NASHVILLE, TN 37215



04032008No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1836639

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fees Required

8. Name and Address of Current Registered Agent

GOROVITZ, AARON J
215 NORTH EOLA DRIVE
ORLANDO, FL 32802

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JOHNSON, SAMUEL L III
2002 RICHARD JONES ROAD, SUITE C-105
NASHVILLE, TN 372158385

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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11071001497422
04/22/06-80053-012 50.00

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE:

Samuel L. Johnson

4-4-06

615-385-4946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #