


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90304 034 ***138.75

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		
2. Principal Place of Business - No P.O. Box # 4205 Hillsboro Rd.		3. Mailing Address Suite, Apt. #, etc. 206			
City & State Nashville, TN		City & State Suite, Apt. #, etc.		4. FEI Number 62-1836639	
Zip 37215		Country Davidson		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOROVITZ, AARON J 215 NORTH EOLA DRIVE ORLANDO, FL 32802			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME JOHNSON, SAMUEL L III		TITLE MGR	NAME Johnson, Samuel L. III	
STREET ADDRESS 2002 RICHARD JONES ROAD, SUITE C-105	CITY-ST-ZIP NASHVILLE, TN 372158385		STREET ADDRESS 4205 Hillsboro Rd, Suite 206	CITY-ST-ZIP Nashville, TN 37215	
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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			Date 4-16-08 Daytime Phone # 615-385-4446		