


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L03000056340 1. Entity Name WILLIAM DRAKE, LLC	
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Principal Place of Business 11423 STONEYBROOK PATH PORT RICHEY, FL 34668	Mailing Address 11423 STONEYBROOK PATH PORT RICHEY, FL 34668
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DO NOT WRITE IN THIS SPACE



03122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-1852295	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**O'CONNOR, TARA M ESQ.
C/O O'CONNOR LAW GROUP, P.A.
9743 US HWY 19
PORT RICHEY, FL 34668**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRAKE, WILLIAM 11423 STONEYBROOK PATH PORT RICHEY, FL 34668
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04/24/08-80098-008 138.75

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: William Drake 4-8-08 727-862-7862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #