

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062524

FILED
Apr 27, 2005
Secretary of State

Entity Name: DRANE FIELD PROPERTIES, L.L.C.

Current Principal Place of Business:

4030 SOUTH PIPKIN ROAD
LAKELAND, FL 33811

New Principal Place of Business:

1242 SCOTTSLAND DRIVE
LAKELAND, FL 33813

Current Mailing Address:

P.O. BOX 6254
LAKELAND, FL 33807

New Mailing Address:

1242 SCOTTSLAND DRIVE
LAKELAND, FL 33813

FEI Number: 20-1534422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HULBERT, MARK A
4030 SOUTH PIPKIN ROAD
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

HULBERT, MARK A
4030 SOUTH PIPKIN ROAD
SUITE 100
LAKELAND, FL 33811 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: MARK HULBERT

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HULBERT, MARK A
Address: 4030 SOUTH PIPKIN ROAD
City-St-Zip: LAKELAND, FL 33811

Title: MGR () Delete
Name: RICE, J. TIMOTHY
Address: 4030 SOUTH PIPKIN ROAD
City-St-Zip: LAKELAND, FL 33811

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: RICE, J. TIMOTHY
Address: 1242 SCOTTSLAND DRIVE
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARK A. HULBERT

MGR

04/27/2005

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