

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000062524**

1. Entity Name  
**DRANE FIELD PROPERTIES, L.L.C.**



Principal Place of Business  
**1242 SCOTTSLAND DRIVE  
LAKE LAND, FL 33813**

Mailing Address  
**1242 SCOTTSLAND DRIVE  
LAKE LAND, FL 33813**



01112006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1534422**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HULBERT, MARK A  
4030 SOUTH PIPKIN ROAD  
SUITE 100  
LAKE LAND, FL 33811**

**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 the fee if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

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

**000000417626  
02/13/06-80059-018 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HULBERT, MARK A  
4030 SOUTH PIPKIN ROAD  
LAKE LAND, FL 33811**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RICE, J. TIMOTHY  
1242 SCOTTSLAND DRIVE  
LAKE LAND, FL 33813**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

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

Date

Daytime Phone #

**Linda Rice Linda Rice 1/29/06 863-647-3101**