


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # L04000062524 1. Entity Name DRANE FIELD PROPERTIES, L.L.C.	
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Principal Place of Business 4030 SOUTH PIPKIN RD SUITE 100 LAKELAND, FL 33811	Mailing Address 4030 SOUTH PIPKIN RD SUITE 100 LAKELAND, FL 33811
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DO NOT WRITE IN THIS SPACE



02292008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1534422	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HULBERT, MARK A 4030 SOUTH PIPKIN ROAD SUITE 100 LAKELAND, FL 33811
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**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

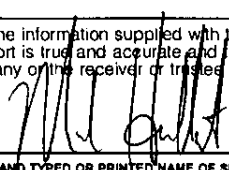
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HULBERT, MARK A 4030 SOUTH PIPKIN ROAD LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RICE, J. TIMOTHY 1242 SCOTTSLAND DRIVE LAKELAND, FL 33813
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/21/08-80044-009 143.75

**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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **2/29/08 (863) 647-5815**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #