
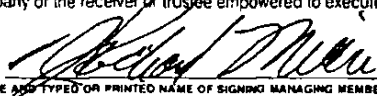


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 14, 2007 8:00 am
Secretary of State

6/14

06-05-2007 90156 019 ****50.00

DOCUMENT # L06000115889 1. Entity Name DRANE FIELD PROPERTIES OF CENTRAL FLORIDA, L.L.C.			
Principal Place of Business 208 EAST PINE STREET LAKELAND FL 33801		Mailing Address 208 EAST PINE STREET LAKELAND FL 33801	
2. Principal Place of Business - No P.O. Box # 502 N. MASSACHUSETTA AVE. Suite, Apt. #, etc.		3. Mailing Address PO BOX 2384 Suite, Apt. #, etc.	
City & State LAKELAND, FL Zip 33801		City & State LAKELAND, FL Zip 33806	
Country USA		Country USA	
4. FEI Number 20-5995949		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, J. RICHARD 208 EAST PINE STREET LAKELAND FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 502 N. MASSACHUSETTA AVE. 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and date of registration. (NOTE: Registered Agent signature required unless exempting)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR NAME MILLER, J. RICHARD STREET ADDRESS 208 EAST PINE STREET CITY-ST-ZIP LAKELAND FL 33801	<input type="checkbox"/> Delete	TITLE NAME 502 N. MASSACHUSETTA AVE STREET ADDRESS SAME ZIP CODE CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 5/29/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			