


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90047 042 ***138.75

DOCUMENT # L06000115889

1. Entity Name
DRANE FIELD PROPERTIES OF CENTRAL FLORIDA, LLC.



Principal Place of Business
 502 N MASSACHUSETTS AVE
 LAKELAND, FL 33801

Mailing Address *SAME*
~~PO BOX 764~~ 502 N. Massachusetts Ave
 LAKELAND, FL 33806
 33801

60005533



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01252008	Chg-LLC	CR2E083 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-5995949		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MILLER, J. RICHARD 502 N MASSACHUSETTS AVE LAKELAND, FL 33801				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</p>	<p>→ <i>CK #1033 1/25/08</i></p>	<p>Make check payable to Florida Department of State</p>
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR <i>MEMBER</i>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, J. RICHARD			NAME			
STREET ADDRESS	502 N MASSACHUSETTS AVE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33801			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Richard Miller* Date: *1/28/08* Daytime Phone #: *863-688-3060*

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