2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030532

Entity Name: DRAKE'S LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16400 SW 91 AVE 13754 SW 88 STREET PALMETTO BAY, FL 33157 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

16400 SW 91 AVE 13754 SW 88 STREET PALMETTO BAY, FL 33157 MIAMI, FL 33186

FEI Number: 20-8694258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASANAS, AURELIO CONSULTING SERVICES OF SOUTH FLORIDA INC. 16400 SW 91 AVE 2121 PONCE DE LEON BLVD SUITE 1050

ALMETTO BAY, FL 33157 US SUITE 1050 CORAL GABLES, FL 33134 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: ANTONIO GARCIA 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

itle: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 CASANAS, AURELIO
 Name:
 CASANAS, AURELIO

 Address:
 16400 SW 91 AVE
 Address:
 13754 SW 88 STREET

 City-St-Zip:
 PALMETTO BAY, FL 33157
 City-St-Zip:
 MIAMI, FL 33186

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: CASANAS, GEORGE Name: CASANAS, JORDAN
Address: 16400 SW 91 AVF Address: 13754 SW 88 STRFFT

 Address:
 16400 SW 91 AVE
 Address:
 13754 SW 88 STREET

 City-St-Zip:
 PALMETTO BAY, FL 33157
 City-St-Zip:
 MIAMI, FL 33186

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: CASANAS, JORDAN Name: CASANAS, MANUEL

 Address:
 16400 SW 91 AVE
 Address:
 13754 SW 88 STREET

 City-St-Zip:
 PALMETTO BAY, FL 33157
 City-St-Zip:
 MIAMI, FL 33186

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 CASANAS, MANUEL
 Name:

 Address:
 16400 SW 91 AVE
 Address:

 City-St-Zip:
 PALMETTO BAY, FL 33157
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MANUEL CASANAS MGRM 04/30/2009