

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M00000000670**

1. Entity Name  
**DRAKE DEVELOPMENT FLA, LLC**



Principal Place of Business  
**123 AVENUE C, SE  
WINTERHAVEN, FL 33882**

Mailing Address  
**1813 HAMPTON STREET  
COLUMBIA, SC 29201**



03212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**57-1094344**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TRAKAS, ANDREW  
123 AVENUE C SOUTHWEST  
WINTER HAVEN, FL 33880**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**U00000277476  
03/28/05-80031-009 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DRAKE, W. RUSSELL
STREET ADDRESS	1813 HAMPTON STREET
CITY- ST- ZIP	COLUMBIA, SC 29201
TITLE	D
NAME	WRD LIMITED PARTNERSHIP
STREET ADDRESS	1813 HAMPTON ST
CITY- ST- ZIP	COLUMBIA, SC 29201
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 exemption stated in Section 119.07(3)(f), 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

**3-24-05**

Date

**803-799-5515**

Daytime Phone #