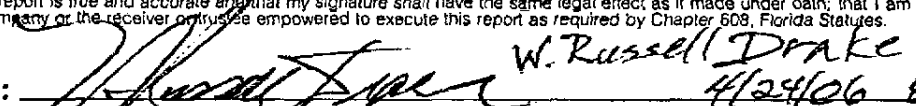


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 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
DO NOT WRITE IN THIS SPACE		
		 04202006 No Chg-LLC CR2E083 (11/05)
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, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRAKE, W. RUSSELL 1813 HAMPTON STREET COLUMBIA, SC 29201	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRD LIMITED PARTNERSHIP 1813 HAMPTON ST COLUMBIA, SC 29201	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 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:  W. Russell Drake SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 4/24/06 3-799-5515 Date Daytime Phone		