

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000375

**FILED**  
**Apr 07, 2008**  
**Secretary of State**

**Entity Name:** WILLISTON BASIN DRILLING LIMITED PARTNERSHIP I, LLLP

**Current Principal Place of Business:**

29 AVENUE E, SUITE 5  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 609  
APALACHICOLA, FL 32329

**New Mailing Address:**

**FEI Number:** 20-4488128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IGLER & DOUGHERTY, P.A.  
2457 CARE DRIVE  
TALLAHASSEE, FL 32308 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P06000036454  
Name: WILLISTON BASIN, INC.  
Address: P.O. BOX 609  
City-St-Zip: APALACHICOLA, FL 32329

**ADDRESS CHANGES ONLY:**

Address:  
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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: PHILLIP W. WARE

PTD

04/07/2008

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date