2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2005 08:00 AM Secretary of State

DOCUMENT # L01000001561 1. Entity Name OLD TIMERS WELL AND PUMP SERVICE LLC Principal Place of Business 3673 SW 89TH AVENUE 0CALA, FL 34481-5457 DO NOT WRITE IN THIS SPA			Secretary of State	
		CE	04042005 No Chg-LLC CR2E083 (10/03) 4. FEI Number	
	6. Name and Address of Current R ASSOCIATES 58TH STREET L 34474	egistered Agent		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 Filling Fee is \$50.00 Due by May 1, 2005				
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	MANAGING MEMBER MGR RIGBY, ARMAND D 3673 SW 89TH AVENUE OCALA, FL 344815457 MGRM HOLLAND, JOHNNY D 26374 PIÑE HILL DRIVE BROOKSVILLE, FL 34601	S/MANAGERS	district	U00000308756 <u>U47157</u> U5_8UU10~013 50. 00
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TITLE NAME STREET AODRESS		·		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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