

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000021597

1. Entity Name
HACKLAKE MINERALS, LLC



Principal Place of Business
**2300 NORTH SCENIC HWY.
LAKE WALES, FL 33853**

Mailing Address
**P.O. BOX 80017
INDIANAPOLIS, IN 46280**



01052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
60-0002386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, DONALD H JR.
245 SOUTH CENTRAL AVE.
BARTOW, FL 33830**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000182278
01/19/05-80019-025 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HACKL, A.J.
STREET ADDRESS	2300 NORTH SCENIC HWY.
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	MGRM
NAME	HACKL, A.J. JR
STREET ADDRESS	P O BOX 80017
CITY-ST-ZIP	INDIANAPOLIS, IN 46280
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:

Albert James Hackl, Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/5/05 *317 571 2358*