2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000021597

1. Entity Name
HACKLAKE MINERALS, LLC

Principal Place of Business	Mailing Address
2300 NORTH SCENIC HWY. LAKE WALES, FL 33853	P.O. BOX 80017 INDIANAPOLIS, IN 46280

01092006No Chg-LLC CR2E083 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

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	
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NAME	
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CITY-ST-ZIP	

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02/24/06-80027-014 50.00

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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: Albert James Hackl Jr 2/8/06 317-571-2352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #