
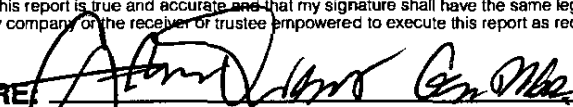


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90314 035 ****50.00

DOCUMENT # L02000030822 1. Entity Name RIG CITY, LLC					
Principal Place of Business 5802 SOUTHWEST 6TH PLACE OCALA, FL 34474			Mailing Address PO BOX 110565 OCALA, FL 34474		
2. Principal Place of Business 5801 SW 6th Place		3. Mailing Address P.O. BOX 770565			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocala, Florida		City & State Ocala, Florida		4. FEI Number 03-0493102	
Zip 34474		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent OWENS, RON 5802 SOUTHWEST 6TH PLACE OCALA, FL 34474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWENS, RON 5802 SOUTHWEST 6TH PLACE OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, DONNIE 4951 NORTHEAST 6TH STREET OCALA, FL 34470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWENS, DAVID L 80 NORTHEAST 52ND COURT OCALA, FL 34470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWENS, DAVID L 80 NORTHEAST 52ND COURT OCALA, FL 34470	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OWENS, DAVID L 80 NORTHEAST 52ND COURT OCALA, FL 34470	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE  </div> <div style="width: 35%; text-align: right;"> 2/26/04 <small>Date</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 60%;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small></div> <div style="width: 35%; text-align: right;"><small>Daytime Phone #</small></div> </div>					