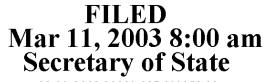
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # L02000030822 1. Entity Name RIG CITY, LLC				Secretary of State 03-11-2003 90021 037 ****50.00			
Principal Place of Business 5802 SOUTHWEST 6TH PLACE OCALA FL 34474		Mailing Address 5802 SOUTHWEST 6TH PLACE OCALA FL 34474	1				
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P. D. BOX 770565 Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number Applied For			
Zip	Country	OCALA, FL 34477-056	country JSA	03-0493/02 5. Certificate of Status Desired	\$5.00 Ad Fee Require	lot Applicable Iditional ed	
	6. Name and Address of Current F			7. Name and Address of New Registers			
	ENS, RON		Name				
5802 SOUTHWEST 6TH PLACE OCALA FL 34474			Street Address (Street Address (P.O. Box Number is Not Acceptable)			
					,,,,,		
			City		Zip Cod		
8. The above the obliga	a named entity submits this statement for tions of registered agent.	the purpose of changing its regis	stered office or register	ed agent, or both, in the State of Florida. I a	m familiar with,	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable (NOTE: Region	stered Agent signature required	when reinstating) DATE			
			!! FEE IS \$50.00	DATE			
		Make Check Payable to	Florida Departmer	nt of State		. 1	
9.	MANIACINIC MEMBER		May 1, 2003		· .		
TITLE	MANAGING MEMBER		TITLE	ADDITIONS/CHANG	ES Change	☐ Addition	
NAME	OWENS, RON		NAME		∟ Change	Audition	
STREET ADDRESS CITY-ST-ZIP	5802 SOUTHWEST 6TH PLACE OCALA FL 34474		STREET ADDRESS CITY-ST-ZIP			}	
TITLE	MGR		TITLE		☐ Change	☐ Addition	
NAME STREET ADDRESS	WOOD, DONNIE 4951 NORTHEAST 6TH STREET		NAME		-		
CITY-ST-ZIP	OCALA FL 34470		STREET ADDRESS CITY-ST-ZIP				
TITLE	MGR OWENS DAVID I		TITLE		☐ Change	Addition	
NAME STREET ADDRESS	OWENS, DAVID L 80 NORTHEAST 52ND COURT		NAME STREET ADDRESS				
C!TY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP				
TITLE NAME			TITLE		☐ Change	Addition	
STREET ADDRESS			IAME TREET ADDRESS				
CITY-ST-ZIP		, c	ITY-ST-ZIP			1	
TITLE NAME			ITLE		☐ Change	☐ Addition	
STREET ADORESS			TREET ADDRESS				
CITY-ST-ZIP			ITY-ST-ZIP				
TITLE NAME			ITLE		☐ Change	Addition	
STREET ADDRESS			AME TREET ADDRESS				
CITY-ST-ZIP			ITY-ST-ZIP	<u> </u>			
11. I nereby c	ertify that the information supplied with th	nis filing does not qualify for the e	xemption stated in Sec	tion 119.07(3)(i), Florida Statutes, Lfurther ce	artify that the in	formation	

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE