

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 23, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L02000030940**

**1. Entity Name  
ZTX DRILLING, LLC**



**Principal Place of Business**

**P.O. BOX 640  
FT. MYERS, FL 33902**

**Mailing Address**

**P.O. BOX 640  
FT. MYERS, FL 33902**

**DO NOT WRITE IN THIS SPACE**



01112005No Chg-LLC

CR2E083 (10/03)

**4. FEI Number  
27-0037484**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RIEF, FRANK J III  
442 WEST KENNEDY BLVD., SUITE 340  
TAMPA, FL 33606**

**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

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

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>ZIPPERER, JOHN O JR.</b>
<b>STREET ADDRESS</b>	<b>P.O. BOX 640</b>
<b>CITY-ST-ZIP</b>	<b>FT. MYERS, FL 33902</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

U00000326219  
04/23/05-80048-015 50.00

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]* **J.O. ZIPPERER JR** **1/17/05** **239-334-6146**