2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Jan 24, 2005 08:00 AM DOCUMENT # L03000019753 **Secretary of State** 1. Entity Name THE OL' RELIABLE SHEEPSHEAD RIG COMPANY, LLC Principal Place of Business Mailing Address 14306 CYPRESS ISLAND CIR. PALM BEACH GARDENS FL 33410 14306 CYPRESS ISLAND CIR. PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc. 1st MOORE CR2E083 (10/04) City & State Applied For City & State 4. FEI Number **NO-T APPLICABLE** Not Applical Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WELCH, MILLER A JR. Street Address (P.O. Box Number is Not Acceptable) 14306 CYPRESS ISLAND CIR. PALM BEACH GARDENS FL 33410 Zip Code City 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, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES 10. 9. Addition THLE ☐ Change DILE ☐ Detete NAME NAME WELCH, JR., MILLER A STREET ADDRESS 14306 CYPRESS ISLAND CIR STREE | ADDRESS CUTY-ST-78 PALM BEACH GARDENS FL 33410 CHY-SI-7P ☐ Change Audiia ☐ Detete DIVE THE NAME MAKE #00000194362 01/25/05-80098-007 50**.00** STREET ADDRESS STREET ADDRESS 0177 - ST - 20P CHY-ST-71P A.Jiiii ☐ Delete MILE Change Ch me MAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZW CHT+-ST-71F Change Aúriú Defete THE TATE F NAME NAM STREET ADDRESS STREET ADDRESS CULY-SI-78 CHY-ST-ZIP ☐ Change C Addition Delete DHE111) { NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZP CITY-ST-ZIP ☐ Delete DILE ☐ Change ☐ Additio iii f RAMÉ CIRLET ADDRESS STREET ADDRESS CHY-ST-7P CHY-SI 7P 11. Thereby 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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