2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000050584

1. Entity Name
HARRIS WELL DRILLING L.L.C

Principal Place of Business	Mailing Address
14202 LEE ROAD WIMAUMA, FL 33598	14202 LEE ROAD WIMAUMA, FL 33598

DO NOT WRITE IN THIS SPACE

01232006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
51-0492124
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, TYRONE
14202 LEE ROAD
WIMAUMA, FL 33598

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HARRIS, TYRONE
STREET ADDRESS	14202 LEE ROAD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	MGRM
NAME	HARRIS, WYNETTE
STREET ADDRESS	14202 LEE ROAD
CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000412277
02/10/06-30038-025 55.00

DO NOT WRITE IN THIS SPACE

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: Tyrone Harris 1/31/06 (941) 812-0541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #