


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000053603 1. Entity Name NORTH FL. WELL DRILLING LC						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">07 MAY -2 PM 1:37</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 24396 LONE STAR CT. TALLAHASSEE, FL 32310				Mailing Address 24396 LONE STAR CT. TALLAHASSEE, FL 32310			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">BK</div> <div style="font-size: 0.8em;">05022007 Chg-LLC CR2E083 (12/06)</div> <div style="font-size: 0.8em;">4. FEI Number 35-2221289</div> <div style="font-size: 0.8em;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</div>	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		Zip			
6. Name and Address of Current Registered Agent SMALLEY, STEVEN E 24396 LONE STAR CT. TALLAHASSEE, FL 32310						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by September 14, 2007						<div style="font-size: 2em; font-weight: bold;">BK</div>	
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMALLEY, STEVEN E 24396 LONE STAR CT. TALLAHASSEE, FL 32310 <div style="text-align: right;"><input type="checkbox"/> Delete</div>					<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="font-size: 1.2em; font-weight: bold; text-align: center;">800101968578</div> <div style="font-size: 0.8em; text-align: center;">05/09/07--01043--010 **50.00</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>					<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>					<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <u>Steve Smalley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						<div style="font-size: 1.5em; font-weight: bold;">5-2-07</div> <small>Date Daytime Phone #</small>	