2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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Entity Name

LARRY'S DRILLING COMPANY, LLC



Principal Place of Business

6273 CHRISTIANA CT. ORLANDO, FL 32810 Mailing Address

6273 CHRISTIANA CT. ORLANDO, FL 32810



DO NOT WRITE IN THIS SPACE

04212008 No Chg-LLC CR2E083 (12/07)

| | - \$5.00 Additional |
|---------------|---------------------|
| 59-3784131 | Not Applicable |
| I. FEI Number | Applied For |
| | |

5. Certificate of Status Desired

Fee Required

| 6. | Name | and | Address | of (| Current | Regis | stered | Agent |
|----|------|-----|---------|------|---------|-------|--------|-------|
| | | | | | | | | |

PUGH, LARRY E 6273 CHRISTIANA CT. ORLANDO, FL 32810

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

| the obligat | ions of registered agent. | | | |
|----------------|--|--|-------|--|
| SIGNATURE | Signature; typed or prinled name of registered agent and title if applicable (NOTE, Registered | Agent signature required when reinstating) | | DATE |
| | NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75 | | | |
| 9 | MANAGING MEMBERS/MANAGERS | | | |
| TITLE | MGR | | | A Real Control |
| NAME | PUGH, LARRY E | , . | | UUUUUUUUUU |
| STREET ADDRESS | 6273 CHRISTINA CT. | | " 05. | /23/08-80070-015 1 38 . 75 |
| CLTY- ST- ZIP | ORLANDO, FL 32810 | | | • |
| TITLE | | | | |

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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE STREET ADDRESS

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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 fimited 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

4/24/08

4079477813

Daytime Phone #