

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099890

FILED
May 01, 2007
Secretary of State

Entity Name: POWDER RIVER MINERALS, L.L.C.

Current Principal Place of Business:

3009 NORTHEAST 11TH TERRACE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

3009 NORTHEAST 11TH TERRACE
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 20-3823940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRUEGER, SCOTT D
2750 NORTHWEST 43RD STREET STE 201
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

CRESWELL, KALEY E
3009 N.E. 11TH TERRACE
GAINESVILLE, FL 32609 US

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.

SIGNATURE: KALEY E. CRESWELL

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRESWELL, ROBERT
Address: 3009 NORTHEAST 11TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

Title: MGR () Delete
Name: CRESWELL, KALEY
Address: 3009 NORTHEAST 11TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KALEY CRESWELL

MANA

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date