2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2007
Secretary of State

DOCUMENT# L06000018781

Entity Name: TRIPLE R WELL & PUMP "LC"

Current Principal Place of Business:

8733 BATES RD.
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

8733 BATES RD.
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 11-3776467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROOKE, RONALD
8733 BATES RD.
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BROOKE, RONALD
Address: 8733 BATES RD.
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR ( ) Delete
Name: BROOKE, RYAN
Address: 12189 COLONY AVE.
City-St-Zip: LAKE PARK, FL 33410

Title: MGR ( ) Delete
Name: BROOKE, RANDY
Address: 12189 COLONY AVE.
City-St-Zip: LAKE PARK, FL 33410

ADDITIONS/CHANGES:

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

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 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: RONALD BROOKE MGRM 01/14/2007

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