

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092514

FILED
Aug 04, 2008
Secretary of State

Entity Name: BOB'S DRILLING OF THE KEYS LLC

Current Principal Place of Business:

366 OLEANDER DR
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 95
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 20-5576676 **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:

Name and Address of New Registered Agent:

GILLILAND, DAVID L
366 OLEANDER DR
TAVERNIER, FL 33070 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: GILLILAND, DAVID L SR
Address: 366 OLEANDER DR
City-St-Zip: TAVERNIER, FL 33070

Title: MGR () Delete
Name: GILLILAND, DAVID JR
Address: 366 OLEANDER DR
City-St-Zip: TAVERNIER, FL 33070

Title: MGR () Delete
Name: GILLILAND, ROBERT E SR
Address: 11 PINERIDGE
City-St-Zip: LAKE WALES, FL 33898

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 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: DAVE GILLILAND

MGMR

08/04/2008

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