


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90350 008 ****50.00

DOCUMENT # M05000000562	
1. Entity Name SILVER DOE OIL & GAS LLC	

Principal Place of Business 12150 N US HWY 441 OCALA FL 34475	Mailing Address 12150 N US HWY 441 OCALA FL 34475
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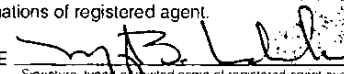
2. Principal Place of Business - No P.O. Box # 3000 W Hwy 329	3. Mailing Address P.O. Box 218
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State REDDICK, FL	City & State LOWELL, FL
Zip 32686	Zip 32663
Country USA	Country USA

4. FEI Number 20-1728662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent LUNDOCK, MARGARET S 12150 N US HWY 441 OCALA FL 34475	
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7. Name and Address of New Registered Agent Name LUNDOCK, MARGARET S. Street Address (P.O. Box Number is Not Acceptable) 3000 W HIGHWAY 329 City REDDICK FL Zip Code 32686	
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  MARGARET S. LUNDOCK MGRM 4-02-07 <small>Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUNDOCK, MARGARET S 12150 N US HWY 441 OCALA FL 34475 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **MARGARET S. LUNDOCK** **4-02-07** **352 369-0063**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #