


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90039 034 ****50.00

DOCUMENT # M99000001512					
1. Entity Name TECKLA OIL CO., LLC					
Principal Place of Business 4791 E. STALLION LANE INVERNESS, FL 34452-9083			Mailing Address 4791 E. STALLION LANE INVERNESS, FL 34452-9083		
2. Principal Place of Business 1712 SE 35th Lane		3. Mailing Address 1712 SE 35th Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocala FL		City & State Ocala FL		4. FEI Number 88-0435576	
Zip 34471 Country USA		Zip 34471 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAUFLER, MONICA 4791 E. STALLION LANE INVERNESS, FL 34452			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1712 SE 35th Lane City Ocala FL Zip Code 34471		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAUFLER, MONICA 4791 E. STALLION LANE INVERNESS, FL 34452		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1712 SE 35th Lane Ocala FL 34471	
[Delete]			[Change] [Addition]		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Monica Haufler</i>			01/12/04 (352) 671-7861		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		