

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007898

FILED  
Mar 28, 2006  
Secretary of State

Entity Name: RED ROAD PETROLEUM, L.L.C.

**Current Principal Place of Business:**

3500 RED ROAD  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

3500 RED ROAD  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 65-1023316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMOLER, BRUCE J  
100 S.E. 2ND STREET, SUITE 2620  
MIAMI, FL 33131 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: MGR ( ) Delete  
Name: GROLL, PAUL  
Address: 4780 N.W. 128TH ST. ROAD  
City-St-Zip: OPA LOCKA, FL 33054

Title: MGR ( ) Delete  
Name: GROLL, LAWRENCE  
Address: 4780 N.W. 128TH ST. ROAD  
City-St-Zip: OPA LOCKA, FL 33054

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MR ( ) Change (X) Addition  
Name: PAUL GROLL,  
Address: 4870 NW 128TH ST ROAD  
City-St-Zip: OPA LOCKA, FL 330547

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: P.GROLL

MGR

03/28/2006

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