

FILED  
Jun 03, 2002 8:00 am  
Secretary of State

05-12-2002 90584 021 \*\*\*150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014207

1. Entity Name  
TRISTATE OIL, L.L.C.

Principal Place of Business  
807 PONCE DE LEON BLVD  
SUITE 603  
CORAL GABLES FL 33134

Mailing Address  
901 PONCE DE LEON BLVD  
SUITE 603  
CORAL GABLES FL 33134

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-1060443  
Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
ALBORNOZ, WILLIAM H  
901 PONCE DE LEON BLVD  
SUITE 603  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name: MARTIN, MIGUEL A.  
Street Address (P.O. Box Number is Not Acceptable): 848 BRICKELL AVE.  
SUITE 830  
City: MIAMI FL Zip Code: 33131

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.

SIGNATURE: *[Signature]* DATE: 4/22/02

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

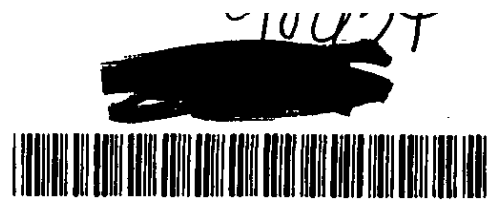
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLALBA, PRUDENCIO 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

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"/> 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE: 4/22/02



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)