

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90044 026 ***150.00

DOCUMENT # L00000014207

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



Principal Place of Business 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134	Mailing Address 901 PONCE DE LEON BLVD SUITE 603 CORAL GABLES FL 33134
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2. Principal Place of Business 848 Brickell Ave. Suite 830 Miami, Florida 33131 USA	3. Mailing Address 848 Brickell Avenue Suite 830 Miami, Florida 33131 USA
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CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1060443** Applied For Not Applicable

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

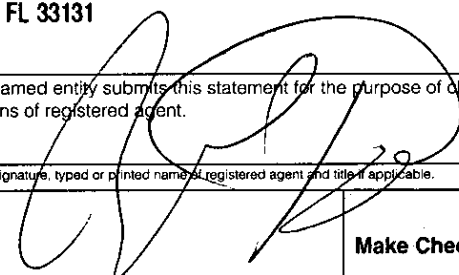
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, MIGUEL A
848 BRICKELL AVE.
SUITE 830
MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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  DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**  Date **3/24/03** (305) 374-4422

CR2E083 (10/02)