

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031735

FILED
Mar 08, 2007
Secretary of State

Entity Name: WITTNER PETROLEUM PROPERTIES, LLC

Current Principal Place of Business:

4805 W. LAUREL ST., SUITE 230
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4805 W. LAUREL ST., SUITE 230
TAMPA, FL 33607

New Mailing Address:

FEI Number: 01-0767822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITTNER, JONATHAN
4805 W. LAUREL ST.
STE. 220
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

RILEY, STEVEN P
4805 W. LAUREL ST.
SUITE 230
TAMPA, FL 33607 US

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: STEVEN P. RILEY

03/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WITTNER, JONATHAN
Address: 814 BRANTENBURG WAY
City-St-Zip: LUTZ, FL 33548

Title: MGRM () Delete
Name: RILEY, STEVEN P
Address: 10615 TAVISTOCK DRIVE
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: JACKSON, BARRY
Address: 6006 PRATT ST
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

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

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

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

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: STEVEN P. RILEY

MGRM

03/08/2007

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