

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051784

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: NAZZARO O&G NUMBER ONE, LLC

**Current Principal Place of Business:**

95496 CAPTAINS WAY  
FERNANDINA BEACH, FL 32034 US

**New Principal Place of Business:**

**Current Mailing Address:**

95496 CAPTAINS WAY  
FERNANDINA BEACH, FL 32034 US

**New Mailing Address:**

FEI Number: 20-0605399      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NAZZARO, TRACY A  
95496 CAPTAINS WAY  
FERNANDINA BEACH, FL 32034 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SE NAZZARO/BEN/C-TTE, /NAZZARO LIVIN G TRUST  
Address: 95496 CAPTAINS WAY  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM ( ) Delete  
Name: TA NAZZARO/BEN/C-TTE, /NAZZARO LIVIN G TRUST  
Address: 95496 CAPTAINS WAY  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: TRACY A NAZZARO

MGRM

04/13/2004

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