



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90112 019 \*\*\*\*50.00

DOCUMENT # L04000017387					
1. Entity Name FUEL GROUP LLC					
Principal Place of Business 3105 W WATERS AVE SUITE 315 TAMPA, FL 33614		Mailing Address 3105 W WATERS AVE SUITE 315 TAMPA, FL 33614			
2. Principal Place of Business - No P.O. Box # <u>ONE TAMPA CITY CENTER</u> Suite, Apt. #, etc. <u>SUITE 2505</u> City & State <u>TAMPA, FL</u> Zip <u>33602</u> Country <u>U.S.</u>		3. Mailing Address <u>ONE TAMPA CITY CENTER</u> Suite, Apt. #, etc. <u>SUITE 2505</u> City & State <u>TAMPA, FL</u> Zip <u>33602</u> Country <u>U.S.</u>		 04102007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-0809347		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RELIANCE CONSULTING LLC 3105 W WATERS AVE 105 TAMPA, FL 33614			7. Name and Address of New Registered Agent Name <u>PUNWANI, AMEET</u> Street Address (P.O. Box Number is Not Acceptable) <u>ONE TAMPA CITY CENTER SUITE 2505</u> City <u>TAMPA</u> FL Zip Code <u>33602</u>		
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 <u>[Signature]</u>		SIGNATURE <u>Ameet A. Punwani</u>		DATE <u>04/19/07</u>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LALWANI, INDIRA 3105 W.WATERS AVE,SUITE#315 TAMPA, FL 33614	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ONE TAMPA CITY CENTER SUITE 2505</u> <u>TAMPA, FL - 33602</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <u>J.S. LALWANI</u>		Date <u>4/19/07</u> Daytime Phone # <u>813-600-2984</u>	