
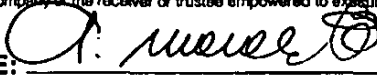


**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90035 013 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L04000063843</b>					
1. Entity Name <b>SOLAR PETROLEUM, LLC</b>					
Principal Place of Business <b>5404 NW 52ND AVENUE COCONUT CREEK, FL 33073</b>			Mailing Address <b>5404 NW 52ND AVENUE COCONUT CREEK, FL 33073</b>		
2. Principal Place of Business		3. Mailing Address			
Suits, Apt. #, etc.		Suits, Apt. #, etc.			
City & State		City & State		02072005 Chg-LLC CR2E083 (10/03)	
Zip	Country	Zip	Country	4. FEI Number <b>20-1548138</b> Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NARACHINSKAS, ARUNAS 5404 NW 52ND AVENUE COCONUT CREEK, FL 33073</b>			Name <b>Arunas Marachinskias</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete	TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NARACHINSKAS, ARUNAS</b>		NAME	<b>MARACHINSKAS, ARUNAS</b>	
STREET ADDRESS	<b>5404 NW 52ND AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COCONUT CREEK, FL 33073</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			Date: <b>03-12-05</b> 9544802761		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					