

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90022 045 \*\*\*\*50.00

<b>DOCUMENT # L05000021958</b> 1. Entity Name <b>PETRA MARKETING GROUP LLC</b>			
Principal Place of Business <b>1370 SOUTH OCEAN BLVD. MANAPALAN, FL 33462</b>		Mailing Address <b>1370 SOUTH OCEAN BLVD. MANAPALAN, FL 33462</b>	
2. Principal Place of Business <b>4710 Eisenhower Blvd.</b> Suite, Apt. #, etc. <b>Suite C-3</b> City & State <b>Tampa, FL</b> Zip <b>33684</b> Country <b>USA</b>		3. Mailing Address <b>P.O. Box 261718</b> Suite, Apt. #, etc. City & State <b>Tampa, FL</b> Zip <b>33685-1718</b> Country <b>USA</b>	
4. FEI Number <b>20-2433597</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <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, 2006</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 NAME <b>LOWE, PETER</b> STREET ADDRESS <b>1370 SOUTH OCEAN BLVD.</b> CITY-ST-ZIP <b>MANAPALAN, FL 33462</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>LOWE, TAMARA</b> STREET ADDRESS <b>1370 SOUTH OCEAN BLVD.</b> CITY-ST-ZIP <b>MANAPALAN, FL 33462</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>T</b> <input type="checkbox"/> Delete NAME <b>LOWE, PETER</b> STREET ADDRESS <b>1370 SOUTH OCEAN BLVD.</b> CITY-ST-ZIP <b>MANAPALAN, FL 33462</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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><i>Diana Forte</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/12/06</u> (813) 884-7200 <small>Daytime Phone #</small>	

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