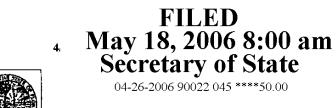
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #L05000021958



1. Entity Name PETRA M	ARKETING GROUP LLC				0120200	0 90022 043	30.00	
Principal Place of Business Mailing Address 1370 SOUTH OCEAN BLVD. 1370 SOUTH OCEAN BLVD. MANAPALAN, FL 33462 MANAPALAN, FL 33462			D.		30008	1 GOUD WEST HEID 1010; A:	141 STUZ) (12 EUS;	
2. Principal Place of Business 4710 Eighbour Blvd. P.O. Rox 261718								
Suite, Apt. #, etc. Suite, Apt. #, etc.				04102006	Chg-LLC	CR2E083 (11/	05)	
City & State Tampa FL		Tampa FL		4. FEI Numbe	-2433	597	Applied For Not Applicable	
3368	4 Country SA	33685-1718	Country	5. Certificate	of Status Desired	□ \$5.00 Fee Rec	Additional uired	
	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33145								
			City				Code	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	gistered office or reg	jislered agent, or bot	th, in the State of Flo	rida. 1 am familiar v	vith, and accept	
SIGNATURE .	Signeture, typed or printed name of registered again.	and little if applicable (NOTE: Re	egislered Agent signature re	quired when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006						e check payable Department of S		
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES		
THILE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOWE, PETER 1370 SOUTH OCEAN BLVD. MANAPALAN, FL 33462	☐ Defete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Chai	nge 🔲 Addition	
TITLE NAME SIREEI ADDRESS CITY-SI-ZIP	S LOWE, TAMARA 1370 SOUTH OCEAN BLVD. MANAPALAN, FL 33462	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Char	nge Addition	
TITLE NAME STREET ADDRESS CIFY-ST-ZIP	T LOWE, PETER 1370 SOUTH OCEAN BLVD. MANAPALAN, FL 33462	☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			Char	nge 🔲 Addition	
THLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TATLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chai	nge Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ ¢har	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Char	nge 🔝 Addition	
indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trusted the supplied with the supplied	that my signature shall have the	e same legal effect as bort as required by C	s if made under oath Chapter 608, Florida 9	; that I am a manag			