FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90577 026 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30066675

DOCUMENT # L00000003539

1. Entity Name
ZINN PETROLEUM COMPANIES, L.L.C.

Principal Place of Business	Mailing Address
4450 SOUTH PINE ISLAND RD DAVIE, FL 33328	4450 SOUTH PINE ISLAND RD DAVIE, FL 33328

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1001474 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL A. SCHWARTZ, CPA
2514 HOLLYWOOD BLVD., STE. 508
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name: Zinn, Stanley
Street Address (P.O. Box Number is Not Acceptable): 8841 N Lake Dasha Dr.
City: Plantation FL Zip Code 33324

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 ____________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ______

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ZINN, STANLEY 4450 SOUTH PINE ISLAND ROAD DAVIE, FL 33328 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ZINN, DAVID ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ZINN, DAVID 5701 SW 88TH TERRACE COOPER CITY, FL, 33328 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: DAVID ZINN 4/28/03 954-476-2013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #