2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003848 1. Entity Name MATTHEWS PETRO-EXPLORATION II. LLC

Jul 17, 2002 8:00 am Secretary of State 07-17-2002 90138 008 ****50.00 Principal Place of Business Mailing Address 1710 CROSSWINDS LANDING 1710 CROSSWINDS LANDING FT. WALTON BEACH FL 32547-1184 UVVI FT. WALTON BEACH FL 32547-1184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number -59-3561432 Applied For 65-0992891 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATTHEWS, ROBERT 1710 CROSSWINDS LANDING Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BEACH FL 32547 City 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 32547-1184 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** ☐ Delete TITLE Change ☐ Addition MATTHEWS, ROBERT D NAME STREET ADDRESS 1710 CROSSWINDS LANDING STREET ADDRESS CITY-ST-ZIP FT WALTON BEACH FL 32547-1184 CITY-ST-ZIP TITLE ☐ Delete MGRM TIT! F ☐ Change NAME Addition JUDGY G. HILL NAME STREET ADDRESS STREET ADDRESS 22896 PINEYWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

<u>850-863-5363</u>

FILED

Attachment 970541 (00000003848

Matthews Petro-Exploration II, LLC

Formed in Florida

Federal Employer Identification Number (Federal Tax ID Number):

65-0992891

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