

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000005764**

1. Entity Name

CORPORACION PETROLERA ORDAZ, L.L.C.



Principal Place of Business

11210 N.W. 61 STREET  
MIAMI, FL 33178

Mailing Address

11210 N.W. 61 STREET  
MIAMI, FL 33178



04272006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1142837

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ZOMERFELD, RAYMOND J  
999 PONCE DE LEON BLVD., SUITE 1045  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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

*Raymond Zomerfeld*  
Signature, typed or printed name of registered agent and title if applicable

*Raymond Zomerfeld*  
(NOTE: Registered Agent signature required when reinstating)

*4-26-06*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000548640  
05/12/06-80071-019 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
ORDAZ CORP.  
11210 N.W. 61 STREET  
MIAMI, FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
ZOMERFELD, RAYMOND  
999 PONCE DE LEON BLVD., #1045  
CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Raymond Zomerfeld*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Raymond Zomerfeld*  
Date Daytime Phone #