

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014064

Entity Name: OKIE-PLUS, LLC

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

1710 CROSSWINDS LANDING
FT. WALTON BEACH, FL 32542 11

New Principal Place of Business:

1710 CROSSWINDS LANDING
FT. WALTON BEACH, FL 325421184 US

Current Mailing Address:

1710 CROSSWINDS LANDING
FT. WALTON BEACH, FL 32542 11

New Mailing Address:

1710 CROSSWINDS LANDING
FT. WALTON BEACH, FL 325421184 US

FEI Number: 59-3739690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, ROBERT D
1710 CROSSWINDS LANDING
FT. WALTON BEACH, FL 32542 11

Name and Address of New Registered Agent:

MATTHEWS, ROBERT D
1710 CROSSWINDS LANDING
FT. WALTON BEACH, FL 325421184 US

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.

SIGNATURE: ROBERT D.MATTHEWS

04/21/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MATTHEWS PETRO-EXPLO, RATION II, LLC
Address: 1710 CROSSWINDS LANDING
City-St-Zip: FORT WALTON BEACH, FL 325471184

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MATTHILL PETRO-INVESTMENTS-LLC
Address: 1710 CROSSWINDS LANDING
City-St-Zip: FORT WALTON BEACH, FL 325471184 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT D. MATTHEWS

MGMR

04/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date