

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2006 8:00 am**  
**Secretary of State**

08-02-2006 90048 018 \*\*\*450.00

**DOCUMENT # L01000016806**

1. Entity Name  
USAG PETRO, LLC



Principal Place of Business  
728 NORTH FEDERAL HIGHWAY  
STUART, FL 34994 US

Mailing Address  
P.O. BOX 3120  
STUART, FL 34995

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-1140910

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

FOGT, THOMAS A  
728 NORTH FEDERAL HIGHWAY  
STUART, FL 34994

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JAFERI, ALI M  
185 NW SPANISH RIVER BLVD # 290  
BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JAFERI, ATHER S  
185 NW SPANISH RIVER BLVD # 290  
BOCA RATON, FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MCCRAVY, DANIEL W  
728 NORTH FEDERAL HIGHWAY  
STUART, FL 34994

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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Dan McCravy* MANAGING PARTNER 1/8/06 772-692 0275