## LIMITED LIABILITY COMPANY **BUNIFORM BUSINESS REPORT (URB)**

## **FILED** May 06, 2002 8:00 am

DOCUMENT # L01000022108				Secretary of State			
	ame — — — — — — — — — — — — — — — — — — —				05-06-2002 90124	1016 ****50.00	
AMERI	CAN OIL SUPPLY INTE	RNATIONAL, L.L	.c.				
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	DO NOT WOITE	IN THE CO.					
ļ	DO NOT WRITE	IN THIS SPA	CE				
		3. Mailing Address		1			
	5 North AIA	Suite, Apt. #, Stc.					
Suite #247				DO NOT WRITE IN THIS SPACE			
City & St	Beach, FL	City & State		4. FEI Number	136 10110	Applied For	
Zip 3290	Country	Zip Cou	entry	5. Certificate of St	<i>23629</i> 41 atus Desired □	\$5.00 Additional	
30-11	001			<u></u>	ss of Current Register	Fee Required	
DO NOT WRITE				1 A	evnski		
IN THIS SPACE  Street Address (P.				P.O. Box Number is N	lot Acceptable)		
	IN THIS SPA	ICE	, t.e. W <sub>1</sub>		IN LOUID		
	•		City Vero	Beach	F	L Zip Code 32963	
8. The abov	re named entity submits this statement for the	e purpose of changing its registe	red office or registere	ed agent, or both, in t	he State ot Florida.	1.52465	
SIGNATURE		sli			4/20	102	
	System of Figure 11 Tegistered again and (1	tle if applicable.	\$50.00		DATE		
		Make Check Payable	to Department of	State			
9.	MANAGING MEMBERS/	, '	Y MAY 1	•:			
TITLE	President-MGRM	MANAGERS	E	·			
NAME STREET ADDRESS	Judith A. Ziemski	NAN	ne				
CITY-ST-ZIP	Vero Beach FL 32963		EET ADDRESS '-ST-ZIP				
TITLE	Chairman-MGRM	TITL					
NAME OTOGET ABORGOO	Stan Zimski	NAS.	į.			·	
STREET ADDRESS CITY-ST-ZIP	Vero Bach, F1 32963	STRE	ET ADDRESS				
TITLE	Director-MGRM	TITLE	-ST-ZIP				
STREET ADDRESS	TIM-D\$ 1500H	=NAM				· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	4445 N. AIA, Ste#247 Vero Beach, FL 32963		et address -st-zip	DO I	NOT WRI	TE	
TITLE		TITLE					
NAME STREET ADDRESS		NAMI		IN I	HIS SPAC	上	
CITY-ST-ZIP			ET ADDRESS ·ST-Z <del>I</del> P			į	
TITLE NAME		TITLE					
STREET ADDRESS	•	NAME	1			İ	
CITY-ST-ZIP	<u> </u>		ET ADDRESS   ST-ZIP				
TITLE		TITLE	<del></del>				
NAME STREET ADDRESS		NAME		•			
CITY-ST-ZIP			T ADDRESS ST-ZIP			,	
11. I hereby c	ertify that the information supplied with this fi			on 119.07/3Vi). Florid	(a Statutoe / further	if , that the inf.	

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 TYPES OF PRINTED NAME OF SIGNI G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE