


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90094 050 ****50.00

DOCUMENT # L02000006941	
1. Entity Name HUGHES PETRO, L.L.C.	

Principal Place of Business 2150 ANDREA LANE FORT MYERS, FL 33912	Mailing Address 2150 ANDREA LANE FORT MYERS, FL 33912
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2. Principal Place of Business 5571 Halifax Avenue Suite, Apt. #, etc.	3. Mailing Address 5571 Halifax Avenue Suite, Apt. #, etc.
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City & State Fort Myers, FL	City & State Fort Myers, FL
Zip 33912	Zip 33912
Country USA	Country USA

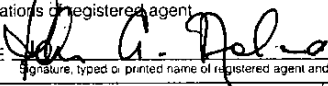
01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0593005	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HUGHES, ROBERT SR 2150 ANDREA LANE FORT MYERS, FL 33912	7. Name and Address of New Registered Agent Name Noland, John A. Street Address (P.O. Box Number is Not Acceptable) 1715 Monroe Street City Fort Myers FL Zip Code 33902
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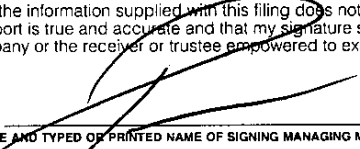
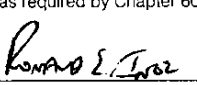
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P NAME HUGHES, ROBERT K STREET ADDRESS 2150 ANDREA LANE CITY-ST-ZIP FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME HAPRER, DANIEL L STREET ADDRESS 5571 HALIFAX AVE CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME MCNEAL, QUINTON B STREET ADDRESS 5571 HALIFAX AVE CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE P NAME McNew, Quinton B. STREET ADDRESS 5571 Halifax Avenue CITY-ST-ZIP Fort Myers, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE ST NAME Inge, Ronald E. STREET ADDRESS 5571 Halifax Avenue CITY-ST-ZIP Fort Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 		Date 1/17/05	Daytime Phone # 239-454-9779
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