

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90325 004 ****50.00

DOCUMENT # L02000008750

1. Entity Name

PETROLEUM EQUIPMENT PROPERTIES OF FLORIDA LLC



30037047

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3683 CROWN POINTE RD.

Suite, Apt. #, etc.

3. Mailing Address

3683 CROWN POINTE RD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number

02-0586342

Applied For

Not Applicable

Zip
32257

Country
USA

Zip
32257

Country
USA

5. Certificate of Status Desired

-\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable)

25 S.E. 2ND AVENUE SUITE 1036

City
MIAMI

FL

Zip Code
33131

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

PAUL SMITH, VICE PRESIDENT

02-07-03

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BENDLE, THOMAS A 252 PINEHURST POINT DR. ST. AUGUSTINE FL 32092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHITMAN, PAUL S 8229 BAHIA BLANCA CT. JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERNSTEIN, STEVE 1404 S. BURGUNDY TRAIL JACKSONVILLE FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BACHELOR, JOEY 10067 E. CHESTER LAKE RD. JACKSONVILLE FL 32256
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**DO NOT WRITE
IN THIS SPACE**

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

THOMAS A BENDLE, MGRM

1-17-03

904-571-7976

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

Date

Daytime Phone #

CR2E083B (12/02)