


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L02000013288 1. Entity Name PETRO-AUGUSTINE, LLC |  |
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|--|--|
| Principal Place of Business 335 CENTER AVENUE MAMARONECK, NY 10543 | Mailing Address 335 CENTER AVENUE MAMARONECK, NY 10543 |
|--|--|

DO NOT WRITE IN THIS SPACE



04222008 No Chg-LLC

CR2E083 (12/07)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 43-1958129 | Applied For 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

BUSTAMANTE, NESTOR III
FERENCIK LIBANOFF BRANDT AND BUSTAMANTE PA
150 SOUTH PINE ISLAND ROAD STE. 400
FORT LAUDERDALE, FL 33324

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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETRILLO, FELIX J 335 CENTER AVE MAMARONECK, NY 10543 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PETRILLO, MICHAEL V 335 CENTER AVE MAMARONECK, NY 10543 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETRILLO, FELIX M JR 335 CENTER AVE MAMARONECK, NY 10543 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETRILLO-CORCORAN, MARIA E 335 CENTER AVE MAMARONECK, NY 10543 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000925757
05/20/08-80037-013 138.75

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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: Nidal V. Lopez *managing member* **4/22/08** **914-777-8292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #