

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90021 045 ****50.00

DOCUMENT # L02000026777					
1. Entity Name PETERSON FUEL, L.L.C.					
Principal Place of Business 1660 N.W. 19 AVENUE POMPANO BEACH, FL 33069			Mailing Address 1660 N.W. 19 AVENUE POMPANO BEACH, FL 33069		
2. Principal Place of Business 2015 SW 20 ST Suite, Apt. #, etc. #101 City & State FT. LAUD, FL Zip 33315 Country USA		3. Mailing Address 2015 SW 20 ST Suite, Apt. #, etc. #101 City & State FT. LAUD, FL Zip 33315 Country USA			
04222005 Chg-LLC CR2E083 (10/03)		4. FEI Number 55-0805215		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, THEODORE E 2150 S.W. 23RD AVENUE FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name BARBARA A. BUCK Street Address (P.O. Box Number is Not Acceptable) 1807 SW 23 ST City FT. LAUD, FL FL Zip Code 33315		
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 <i>Barbara A. Buck</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>BARBARA A. BUCK</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/22/05 <small>DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERSON, THEODORE 2150 S.W. 23RD AVENUE FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2015 SW 20 ST #101 FT. LAUD, FL 33315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERTS, R. CARLILE PO BOX 1861 MUSKOGEE, OK 74402	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Theodore Peterson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		THEODORE PETERSON		4/22/05 954-764-3835 <small>Date Daytime Phone #</small>	