

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90036 039 \*\*\*\*50.00

DOCUMENT # L02000027424

1. Entity Name  
AJ PETROLEUM GROUP, LLC



Principal Place of Business  
C/O 2601 BISCAYNE BLVD  
MIAMI, FL 33137

Mailing Address  
PO BOX 370308  
MIAMI, FL 33137

60042462



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2601 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-LLC CR2E083 (12/06)

City & State

City & State  
MIAMI, FL

4. FEI Number  
55-0802131

Applied For  
Not Applicable

Zip Country

Zip Country  
33137 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPCO, INC  
2699 S. BAYSHORE DRIVE 7TH FLOOR  
MIAMI, FL 33133

Name

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

City

FL

Zip Code

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

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGR MACDONALD, JOHN  
2699 S. BAYSHORE DRIVE 7TH FL  
MIAMI, FL ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition  
~~AUTHORIZED REPRESENTATIVE~~  
~~ROBERT MITCHELL~~  
~~2601 BISCAYNE BLVD.~~  
~~MIAMI, FL 33137~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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: *Robert Mitchell*, Authorized Rep 4/20/07 305 5764633  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #