


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000001408	
1. Entity Name PETROPLUS AMERICA, LLC	

Principal Place of Business 402 HIGHPOINT DRIVE 201 COCOA, FL 32926	Mailing Address 402 HIGHPOINT DRIVE SUITE 201 COCOA, FL 32926
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07052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3522150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, MITCHELL S
96 WILLARD ST.
COCOA, FL 32922

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006

07/13/06-80007-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAH, RAJENDRA 402 HIGHPOINT DRIVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAH, SUNIL 158 BLANDING BOULEVARD ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDMAN, MITCHELL S 96 WILLARD ST. COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #