2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000011403

1. Entity Name
PETRO-QUAD II, LLC

Principal Place of Business	Mailing Address
5935 MEMORIAL HWY. TAMPA, FL 33615	5935 MEMORIAL HWY. TAMPA, FL 33615

DO NOT WRITE IN THIS SPACE

03072006No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2335640

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EKONOMIDES, NICKOLAS C
NICKOLAS C. EKONOMIDES, P.A.
791 BAYWAY BLVD.
CLEARWATER, FL 33767

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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 _____
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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHARARA, HASSAN
STREET ADDRESS	4840 RIDGE MOORE BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	MGRM
NAME	CHARARA, RADWAN
STREET ADDRESS	4840 RIDGE MOORE BLVD
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/24/06-00001-022 50.00

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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: RADWAN CHARARA (727) 647-1119 3/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #