


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000011403 1. Entity Name PETRO-QUAD II, LLC	
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Principal Place of Business 5935 MEMORIAL HWY. TAMPA, FL 33615	Mailing Address 5935 MEMORIAL HWY. TAMPA, FL 33615
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DO NOT WRITE IN THIS SPACE



03062008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2335640	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

SCHWANKE, TIM
 15312 CARROLTON LANE
 TAMPA, FL 33624

DO NOT WRITE 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)

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

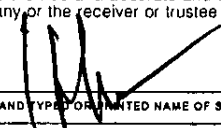
DATE
 03/26/08-80095-003 138.75

9. MANAGING MEMBERS/MANAGERS

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

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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:  **HASSAN CHARARA** **3-7-08** **787 785-0044**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #