2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 26, 2007 8:00 am Secretary of State

DOCUMENT # L03000011411 1. Entity Name PETRO-QUAD III, LLC						02-26-2007 90310 030 ****50.00			
Principal Place 2356 W. HILL TAMPA, FL 3	LSBOROUGH AVE.	Mailing Address 2356 W. HILLSBOROUI TAMPA, FL 33603	GH AVE.				05371 	F RA O 410 4 00 8	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062007	Chg-LLC	CR2E083 (12/06)			
City & State		City & State			4. FEI Numbe 56-233			pplied For n Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$5.00 Add Fee Require	ditional d	
	6. Name and Address of Curren	Registered Agent			7. Name and	Address of New Re	gistered Agent		
EKONOMIDES MICKOLAS C				Name TIM SCHWANKE					
EKONOMIDES, NICKOLAS C 791 BAYWAY BLVD. CLEARWATER, FL 33767						er is Not Acceptable)			
	•			1531 a		ROUTON	L D Zip Cod		
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	named entity submits this statement from of registered agent.	livante			stered agent, or bot used when reinstating)		ida. I am familiar with,  - 07-20		
	Signature, typed or printed name of registated agent and title if applicable (NOTE  Filling Fee is \$50.00  Due by May 1, 2007								
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	ling Fee is \$50.00		10.		ared with initiating)		check payable to Department of Stat	<b>e</b>	
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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 received trustice empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CAQUANTIANCE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone •