

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90036 043 \*\*\*\*50.00

**DOCUMENT # L03000015303**

1. Entity Name  
**ABUOLEIM PETROLEUM I, LLC**



Principal Place of Business  
**4101 W. GANDY BLVD.  
TAMPA, FL 33611**

Mailing Address  
**12147 US HWY 41 SOUTH  
GIBSONTON, FL 33534**

**60000106**



2. Principal Place of Business

**1009 Durant Rd**

3. Mailing Address

Suite, Apt. #, etc.

03172006 Chg-LLC CR2E083 (11/05)

City & State

**Brandon FL**

City & State

**FL**

4. FEI Number  
**11-3699977**

Applied For  
Not Applicable

Zip

**33511**

Country

**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

**ABVOLEIM, NASR  
12147 US HWY 41 SOUTH  
GIBSONTON, FL 33534**

7. Name and Address of New Registered Agent

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **ABUOLEIM, NASR**  
STREET ADDRESS **12147 US HWY 41 SOUTH**  
CITY-ST-ZIP **GIBSONTON, FL 33534**

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/11/06**

**(813) 625-8588**

Date

Daytime Phone #