2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: X. SIGNATURE AND TYPING OF PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

Secretary of State DOCUMENT # L03000015439 02-28-2005 90041 027 ****50.00 1. Entity Name PETRO GROUP #1 LLC Principal Place of Business Mailing Address 20016040 XXX XASKATIAN DICKEN/R AWR NUMBER AND SAN TON ROMRAND REACTIVEL X33000X x ROMRAND BEACH JE'K 33060x 2. Principal Place of Business 3350 Davie Blvd. 3. Mailing Address 3350 Davie Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-LLC CR2E083 (10/03) City & State FT: Lauderdale. 4. FEI Number Applied For Ft. Lauderdale, Florida 04-3774980 Not Applicable Country Zip 33312 33312 \$5.00 Additional 5. Certificate of Status Desired USÁ USÁ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTHA I. AYALA AYALA, MARTHA I ss (P.O. Box Number is Not Acceptable) Davie Blvd. NOOM KANACKBEAKCHLYK X3X06M Lauderdale 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 Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State The state of the s MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE **™**Change ☐ Addition NAME AYALA, MARTHA I STREET ADDRESS 3350 Davie Blvd. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Ft. Lauderdale, FL 33312 MGR TITLE Delete X Change TITLE ARIF, MOHAMED NAME STREET ADDRESS 3350 Davie Blvd. STREET ADDRESS OSKEX XIX XIXXEK KOMANIKKK CITY-ST-ZIP CITY-ST-ZIP Ft. Lauderdale, FL 33312 TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 preceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED Feb 28, 2005 8:00 am

Daytime Phone #