2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90041 027 ****50.00

DOCUMENT # L03000015439

1. Entity Name
PETRO GROUP #1 LLC

Z00016040

Principal Place of Business	Mailing Address
[illegible] POMPANO BEACH, FL 33060	[illegible] POMPANO BEACH, FL 33060

02092005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3350 Davie Blvd.	3350 Davie Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Florida	City & State: FT. Lauderdale, FL
Zip: 33312 Country: USA	Zip: 33312 Country: USA

4. FEI Number: 04-3774980 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AYALA, MARTHA I [illegible]	Name: MARTHA I. AYALA Street Address (P.O. Box Number is Not Acceptable): 3350 Davie Blvd. City: Ft. Lauderdale FL Zip Code: 33312

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AYALA, MARTHA I [illegible]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3350 Davie Blvd. Ft. Lauderdale, FL 33312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ARIF, MOHAMED [illegible]	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3350 Davie Blvd. Ft. Lauderdale, FL 33312	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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 Date Daytime Phone #