

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015439

FILED
Apr 24, 2006
Secretary of State

Entity Name: PETRO GROUP #1 LLC

Current Principal Place of Business:

1720 SOUTH UNIVERSITY DRIVE
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

8730 WEST FLAGLER STREET, SUITE #120
MIAMI, FL 33144

New Mailing Address:

8370 WEST FLAGLER STREET, SUITE #120
MIAMI, FL 33144

FEI Number: 47-0917806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYALA, MARTHA I
3350 DAVIE BLVD
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

AYALA, MARTHA I
8370 WEST FLAGLER STREET, SUITE #120
MIAMI, FL 33144 US

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.

SIGNATURE: _____

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AYALA, MARTHA I
Address: 3350 DAVIE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: MGR () Delete
Name: GONZALEZ, RUBEN
Address: 1720 SOUTH UNIVERSITY DRIVE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AYALA, MARTHA I
Address: 8370 WEST FLAGLER STREET, SUITE #120
City-St-Zip: MIAMI, FL 33144

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTHA AYALA

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date