## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000016273  1. Entity Name  NATOIL WPB, L.L.C.							Feb 02, 2004 08:00 AM Secretary of State				
D.:				Mailine Address			-				
Principal Place of Business				Mailing Address							
6318 NW 23RD ST. BOCA RATON FL 33434				6318 NW 23RD ST. BOCA RATON FL 33434							
	<del></del> .	, <u>, , , , , , , , , , , , , , , , , , </u>				<u> </u>					
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt #, etc.				MOORE	CR2E083	(11/03)	
City & State			$\top$	City & State			4. FEI Num	ber		<b></b>	plied For ( Applicable
Ζ <sub>I</sub> p	Country			Zip Cour		ntry	5. Certifica	te of Status Desired		55.00 Add	itional
	6. Name	and Address of Curre	st Rec	istered Agent	`		7. Name ar	nd Address of New I	Registered A	gent	
BIO		00TT 0 F00				Name					
RICHMAN, SCOTT G ESQ 19 W. FLAGLER ST., 14TH FLOOR MIAMI FL 33130						Street Address	(P.O. Box Num	ber is Not Acceptabl	e)		
						<u> </u>			·		<del></del>
						City		<del></del>		Zip Code	9
The above named entity submits this statement for the purpose of changing its reg									FL	╛゛_	
	e named entil tions of regis		tor the	e purpose of changing its	register	ed office or registe	red agent, or t	ooth, in the State of H	onda. tam u	arnuar wuu,	and accept
SIGNATURE	Signature, typer	or printed name of registered age	ant and t	nie ił applicable (NOT	E Registere	ed Agent signature require	d when renstating)	<u> </u>	DATE		
				FILE N	OW!!!	FEE IS \$50.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_	
				Make Check Payab		•	nt of State				
				Du	e By M	ay 1, 2004					
9.	MANAGING MEMBERS/MANAGERS							ADDITIONS	/CHANGES		<del></del>
NAME	MGRM Defete A & N EXPORT, INC.				TITE NAR	•	UUUUUU ()6'458'			Addition Addition	
STREET ADDRESS 6318 NW 23RD ST.						EET ADORESS		02/02/04-80	1071-020	50.00	
C3TY-ST-23P	BOCA RA	TON FL 33434			CET	(-ST-ZIP					
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CITY-ST-ZIP		_			city	V-ST-ZIP				_	
TITLE		^		☐ Delete	् सा	}				☐ Change	Addition
NAME					NAM	į					
STREET ADDRESS CITY - ST - ZIP		11	_	<i></i>		ELT ADDRESS Y-ST-ZIP					
11   hereby	Certify that #	e intofration supplier	ith tief	s filing does not qualify fo	r the exe	emption stated in S	ection 119.070	3)(i), Florida Statutes	. I further cert	ify that the it	nformation
indicated limited lia	d on this repo ability compa	ort is tribiliand accurate a iny or indirectiver or trus	the er	at my signature shall have appowered to execute this	the sam report a	ne legal effect as if it is required by Char	made under og oter 608, Florid	ath; that I am a mana is Statutes.	iging membe	r or manage	er of the

O BY PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED** 

Daytime Phone #