
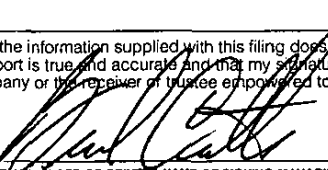


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90105 006 \*\*\*\*50.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # L03000027654</b><br>1. Entity Name<br><b>CARBALLO MANAGEMENT L.L.C.</b>   |   |  |   |  |  |
| Principal Place of Business<br><b>384 EAGLE DRIVE<br/>JUPITER, FL 33477</b>   |   |  | Mailing Address<br><b>7030 S. YALE<br/>SUITE 300<br/>TULSA, OK 74136</b>  |   |  |
| 2. Principal Place of Business<br><b>129 COMMODORE DRIVE</b>  |   | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |   |  |
| City & State<br><b>JUPITER, FL</b>  |   | City & State   |   |   |  |
| Zip<br><b>33477</b>   |   | Country<br><b>USA</b>  |   | Zip   |  |
| Country   |   | Country  |   |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CARBALLO, BERNARD A<br/>129 COMMODORE DRIVE<br/>JUPITER, FL 33477</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>                 |   |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>CARBALLO, BERNARD A<br/>384 EAGLE DRIVE<br/>JUPITER, FL 33477</b>      | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>CARBALLO, BERNARD A.<br/>129 COMMODORE DRIVE<br/>JUPITER, FL 33477</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |   |   |  |
| <b>SIGNATURE:</b>    |   | <b>BERNARD A. CARBALLO</b>   |   | <b>8-8-05</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Date   |   | Daytime Phone # <b>(561) 741-0096</b>   |  |