2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 01, 2006 08:00 AM DOCUMENT # L03000035262 1. Entity Name Secretary of State CEDARS OIL OKEECHOBEE, LLC Principal Place of Business Mailing Address 844 ALTON ROAD . SECOND FLOOR 1921 OKEECHOBEE BLVD WEST PALM BEACH FL 33409 MIAMI BEACH FL 33139 3. Mailing Address 2. Principal Place of Business Suite, Apt # etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For 4. FEI Number City & State City & State 01-0801987 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOLEDO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 21 SOUTHEAST FIRSTAVENUE 10TH FLOOR **MIAMI FL 33131** Zip Code City 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. ${\color{blue} {\sf SIGNATURE}} \ {\color{blue} {\sf Suppositive}} \ {\color{blue} {\sf Suppositive}} \ {\color{blue} {\sf Syphical or provided name or registered agent and title α applicable}}$ (NOTE: Registered Agent signature required when reincluting) U00000413836 FILE NOW!!! FEE IS \$50.00 02/11/06-80012-003 50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. Change Additi-TILL ☐ Delete 1331 F MGRM MAME NAME KALIL, ABDALA STREET ADDRESS STREET ADDRESS 844 ALTON ROAD, SECOND FLOOR City-SI-7/P CITY ST-ZIP MIAMI BEACH FL 33139 ☐ Change Add to THIF ☐ Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete HILL TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST - ZIP ☐ Detete TITI F ☐ Change Artdin-THTLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Adar Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete RELE ☐ Change Additio TITLE NAME MAME 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 exemptions contained in Section 119, Florida Statutes 1 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.

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/2006 525-1919