

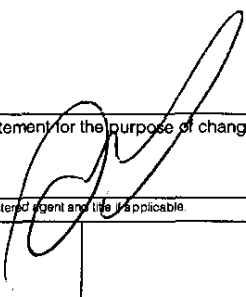
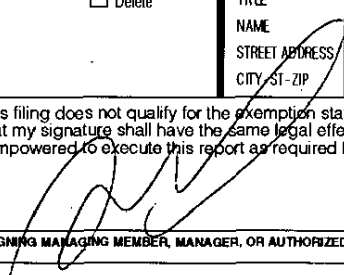


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90019 037 \*\*\*\*50.00

DOCUMENT # L03000042460					
<b>1. Entity Name</b> S.V GASOLINE, LLC					
<b>Principal Place of Business</b> 1146 LAVENDAR CIR. WESTON, FL 33327			<b>Mailing Address</b> 1146 LAVENDAR CIR. WESTON, FL 33327		
<b>2. Principal Place of Business</b> 8400 W. OAKLAND PARK BLVD		<b>3. Mailing Address</b> 8400 W. OAKLAND PARK BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242004    Chg-LLC    CR2E083 (10/03)	
<b>City &amp; State</b> Sunrise FL		<b>City &amp; State</b> Sunrise, FL		<b>4. FEI Number</b> 20-079 9889	
<b>Zip</b> 33351		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  VINIK, ZEEV 1146 LAVENDAR CIR. WESTON, FL 33327			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1146 Lavender Circle City    WESTON    FL    Zip Code    33327		
<b>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.</b>					
<b>SIGNATURE</b> 			DATE    05/01/2004		
Signature, typed or printed name of registered agent and title, if applicable.    (NOTE: Registered Agent signature required when reinstating)			Make check payable to Florida Department of State		
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM VINIK, ZEEV 1146 LAVENDAR CIR. WESTON, FL 33327	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete			
<b>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>		<b>SIGNATURE:</b> 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date    05/01/2004    Daytime Phone #    954-7484528			