


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:37

DOCUMENT # L03000046087	
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1. Entity Name
TIGER PETROLEUM, LLC

Principal Place of Business 220 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021	Mailing Address 220 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021
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2. Principal Place of Business 6820 LYONS TECH CIR.	3. Mailing Address 6820 LYONS TECH CIR.
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Suite, Apt. #, etc. 240	Suite, Apt. #, etc. 240
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City & State COCONUT CREEK FL	City & State COCONUT CREEK FL
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Zip 33073	Country USA	Zip 33073	Country USA
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05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0432663	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name SHAHRUKH DHANJI
Street Address (P.O. Box Number is Not Acceptable) 6820 LYONS TECH CIR #240
City COCONUT CREEK
City FL
Zip Code 33073

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  (SHAHRUKH DHANJI) 5/1/06
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLARROEL, JAMES 220 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DHANJI, SHAHRUKH 6820 LYONS TECHNOLOGY CIRCLE STE. 240 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	100070212051 04/25/06--38216--005**50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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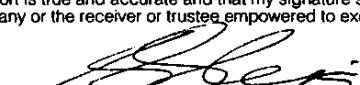
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	100075294831 05/26/06--01003--005**50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:  (MANAGING MEM.) 5/1/06 954 571-4288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #