2005 LIMITED LIABILITY COMPANY
- AMENDED ANNUAL REPORT

|   | MIAI                          | CHDED AIII   | TOAL REFO  |   |   |   | ett r z  |   |  |
|---|-------------------------------|--|--|---|---|---|--|---|--|
| DOCUMENT # L04000010320  1. Entity Name BRIANMAC'S PETROLEUM SERVICES; LLC  |                               |  |  |   |   | 35 N  | FILED<br>TARY OF STA<br>OF COMPORA<br>(10 AM 10: 1   |   |  |
| Principal Plac  | e of Busines                  |  | Mailing Address  |   |   | <del>-</del>  |  |   |  |
| Principal Place of Business   |                               |  | •  |   |   |   |  |   |  |
| 7818 NORTH COURT  |                               |  | P.O. BOX 566<br>MACCLENNY, FL 32063                    |   |   |   |  |   |  |
| MACCLENNY, FL 32063   |                               |  | MAUULENNY, FL 3200                                     | 3   |   |   |  |   |  |
|   |                               |  |  |   |   | יו יוניונוניו וא  | . I Bana <b>Bibia Bibia Bibia</b> Bibia  |   | <b>20</b> 1 111 1201                             |
| 2 Principal P   | lace of Busin                 | 2000   | 3. Mailing Address                                     |   |   |   |  |   |  |
| 2. Principal Place of Business  |                               | 3. Walling Address   |  |   |   | 68181   5   <b>  3 3 </b>    18   6   66  |  |   |  |
| Suite, Apt. #, etc.   |                               |  | Suite, Apt. #, etc.                                    |   |   | <b></b>  ₩  |  |   |  |
| Soile, Apr. #, etc.   |                               | Suite, Apt. #, 6to.  |  | 09292005  | Chg-LLC   | CR2E083 (10/03)   |  |   |  |
| City & State  |                               |  | City & State   |   | 4. FEI Numb   |   | TAD  | plied For                                       |  |
| Only a state  |                               | City & State   |  | 20-159  |   | <del> </del>  | t Applicable   |   |  |
| Zip Country   |                               | Zip Countr   |  | trv   | 20 100  |   | <del></del>  |   |  |
| ΖΙΡ   |                               | Country  | Zip  | Coun  | uy  | <ol><li>Certificate</li></ol>   | of Status Desired  | S5.00 Add                                       |  |
|   | C Name                        | and Address of Current F   | Towisternal Amount                                     | L   | <del></del>   | 7 Name and  | Address of New Re  |   |  |
|   | o. Name                       | and Address of Current   | registered Agent                                       |   | Name  |   | AUGIES OF NEW NE   | gistered Agent                                  |  |
| MCMILLA   | U BDIAN                       | ۸  |  |   | l (vaine  |   |  |   |  |
| 7818 NOR  |                               |  | Street Addres  |   |   | ress (P.O. Box Numb   | er is Not Acceptable)  |   |  |
| MACCLEN   |                               |  | - Sirest Address                                       |   |   |   |  |   |  |
| WATCOLLIN   | ,                             | 2000   |  |   |   |   |  |   | \  |
|   |                               |  |  |   |   | <del></del>   |  | Zip Code  |  |
|   |                               |  |  |   | City  |   |  | FL   Zip Code                                   | ,  |
| 8. The above  | named entit                   | v submits this statement for   | the purpose of changing its                            | register  | ed office or rec  | gistered agent, or bo   | th. in the State of Flor   | ida. I am familiar with.                        | and accept                                       |
|   | ions of regis                 |  | p p p g g g g  | - 3   |   | J   | ,  |   | ,  |
| _   | -                             |  |  |   |   |   |  |   |  |
| SIGNATURE .   | Signature typed               | or printed name of registered agent a  | and title if applicable (NOT                           | F: Renistere  | d Agent signaturé re  | equired when reinstating)   | · · · · · · · · · · · · · · · · · · ·  | DATE  |  |
|   | Jigi atoro, typed             | of printed name of registered agent a  | (10 the 1 approaches (110 th                           | L. Hogistere  | - Tigotti Signataro II  | Squite with the state of  |  | 5/112   |  |
| Amended AR is \$50.00   |                               |  |  |   |   |   |  | check payable to                                |  |
|   |                               |  |  |   |   |   | Fiorida  | Department of State                             | <b>;</b>   |
| 9.  |                               | MANAGING MEMBEI  | RS/MANAGERS  | 10.   |   |   | ADDITIONS/0  | <u> </u>  | ,  |
| 9.  | MGR                           |  | <del></del>  | 10.<br>TITLI  |   | 10.0  |  | <u> </u>  |  |
| 9.<br>TITLE   |                               | MANAGING MEMBEI  | RS/MANAGERS Delete                                     |   | 111   | IGR   | ADDITIONS/0  | CHANGES   | Addition   |
| 9.<br>TITLE<br>NAME   | MCMILLA                       | MANAGING MEMBER  | <del></del>  | TITLI   | E ///   | cMillan,  | ADDITIONS/O  | CHANGES   |  |
| 9.<br>TITLE   | MCMILLA<br>7818 NOF           | MANAGING MEMBER<br>AN, BRIAN A<br>RTH COURT  | <del></del>  | TITLI<br>NAM<br>STRE  | E M   | cMillan,<br>818 North   | ADDITIONS/O<br>Delorah   | CHANGES   |  |
| 9.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MCMILLA<br>7818 NOF           | MANAGING MEMBER  | ☐ Delete   | TITLI<br>NAM<br>STRE<br>CITY  | E M. ET ADDRESS 7 -ST- ZIP M  | cMillan,  | ADDITIONS/O<br>Delorah   | CHANGES Change                                  | <b>☆</b> Addition                                |
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| 9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | MCMILLA<br>7818 NOF           | MANAGING MEMBER<br>AN, BRIAN A<br>RTH COURT  | ☐ Delete   | TITLI<br>NAM<br>STRE<br>CITY<br>TITLI<br>NAM<br>STRE<br>CITY  | E ADDRESS 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | cMillan,<br>818 North<br><del>acclenny,</del><br><b>G</b> (   | Delorah<br>Ct<br>FL 3206   | CHANGES  Change  Change                         | Addition   |
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| 9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP | MCMILLA<br>7818 NOF<br>MACCLE | MANAGING MEMBER  | Delete  Delete  Delete  Delete  Delete  Delete         | TITLI NAM STRE CITY TITLI | E T ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E E E ET ADDRESS -ST-ZIP  E E E E E E E E E E E E E E E E E E E  | cMillan,<br>818 North<br>acclenny,<br>10710   | ADDITIONS/O  Delorah  Ct -FL 3206  TV05-011055   | CHANGES  Change  Change  Change  Change  Change | Addition  Addition  Addition  Addition  Addition |
| 9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP | MCMILLA<br>7818 NOF<br>MACCLE | MANAGING MEMBER  AN, BRIAN A RTH COURT  NNY, FL 32063  | Delete Delete Delete Delete Delete                     | TITLL NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE CITY TITL NAM STRE CITY THE EXE  | E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP  E DE E E E E E E E E E E E E E E E E E  | eMillan,<br>818 North<br>acclenny,<br>10710   | ADDITIONS/O  Delorah  Ct  FL 3206  TITLE 14  TO THE STATE OF THE STATE | CHANGES  Change  Change  Change  Change  Change | Addition  Addition  Addition  Addition  Addition |
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