


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 APR 21 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000014290			
1. Entity Name OIL FOR AMERICA, LLC			
Principal Place of Business 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310		Mailing Address 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310	
2. Principal Place of Business <i>1435 Piedmont Drive E.</i>		3. Mailing Address <i>1435 Piedmont Drive E.</i>	
Suite, Apt. #, etc. <i>202-4</i>		Suite, Apt. #, etc. <i>202-4</i>	
City & State <i>Tallahassee, FL</i>		City & State <i>Tallahassee, FL</i>	
Zip <i>32308</i>		Zip <i>32308</i>	
Country		Country	
4. FEI Number 20-0765892		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANGERER, ROBERT J SR 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310		7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) <i>1435 Piedmont Drive E., Suite 202-4</i> City <i>Tallahassee</i> FL Zip Code <i>32308</i>	
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 <u><i>Robert J. Angerer, Sr</i></u> DATE <u><i>4/14/06</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANGERER, ROBERT J SR. 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS 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 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: <u><i>[Signature]</i></u> DATE <u><i>4/14/06</i></u> Daytime Phone # <u><i>850-576 5982</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			