


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L04000014290</b> 1. Entity Name <b>OIL FOR AMERICA, LLC</b>	
---	---


FILED

07 APR 24 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1435 PIEDMONT DRIVE EAST, SUITE 202-4 TALLAHASSEE, FL 32308</b>	Mailing Address <b>1435 PIEDMONT DRIVE EAST, SUITE 202-4 TALLAHASSEE, FL 32308</b>
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address <span style="float: right; font-weight: bold;">BK</span>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0765892</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>ANGERER, ROBERT J SR</b> <b>1435 PIEDMONT DRIVE EAST, SUITE 202-4</b> <b>TALLAHASSEE, FL 32308</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right; font-weight: bold;">FL</span> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	BK	<b>Make check payable to Florida Department of State</b>
---	----	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>ANGERER, ROBERT J SR.</b> <input type="checkbox"/> Delete <b>7268 BLOUNTSTOWN HIGHWAY</b> <b>TALLAHASSEE, FL 32310</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGRM</b> <b>Angerer, Robert J. Sr.</b> <b>1435 Piedmont Drive E., Suite 202</b> <b>Tallahassee, FL 32308</b>
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
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
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
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
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: Robert J. Angerer, Sr. ROBERT J. ANGERER, SR 4/14/07 850-576-5982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #