

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014941

Entity Name: CMR PETRO, LLC

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

8324 WARIN DRIVE, NORTH
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

8324 WARIN DRIVE, NORTH
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 20-0790522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JERRIPOTHULA, MALLIKARJUNA R
8324 WARIN DRIVE, NORTH
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JERRIPOTHULA, MALLIKARJUNA R
Address: 8850 CANOPY OAKS DR
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGR () Delete
Name: AKAVARAM, RAMCHANDER
Address: 8850 CANOPY OAKS DR
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JERRIPOTHULA, MALLIKARJUNA R
Address: 8324 WARIN DRIVE, NORTH
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: MGR (X) Change () Addition
Name: AKAVARAM, RAMCHANDER
Address: 8807 CANOPY OAKS DR
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MALLIKARJUNA R JERRIPOTHULA

MGR

04/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date