


FILED
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Secretary of State

02-10-2005 90191 041 ***150.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000016974			
1. Entity Name 167TH PETROLEUM ENTERPRISES, LLC			
Principal Place of Business 2401 NW 30TH AVE MIAMI, FL 33142		Mailing Address 2401 NW 30TH AVE MIAMI, FL 33142	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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.		7. Name and Address of New Registered Agent	
5. Name and Address of Current Registered Agent PEQUENO, TOMAS 2401 NW 30TH AVE MIAMI, FL 33142		Name <u>Joe B. Cox c/o Cox & Nici</u> Street Address (P.O. Box Number is Not Acceptable) <u>1185 Immokalee Rd. Suite 110</u> City <u>Naples</u> FL Zip Code <u>34110</u>	
SIGNATURE <u>Joe B. Cox</u> DATE <u>1/21/05</u>		SIGNATURE _____ DATE _____	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PEQUENO, TOMAS 2401 NW 30TH AVE MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and 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 and authorized to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Tommas Pequeno</u> DATE <u>1/21/05</u>		SIGNATURE _____ DATE _____	

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