



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90112 019 \*\*\*\*50.00

<b>DOCUMENT # L04000017387</b>					
<b>1. Entity Name</b> FUEL GROUP LLC					
<b>Principal Place of Business</b> 3105 W WATERS AVE SUITE 315 TAMPA, FL 33614			<b>Mailing Address</b> 3105 W WATERS AVE SUITE 315 TAMPA, FL 33614		
<b>2. Principal Place of Business - No P.O. Box #</b> ONE TAMPA CITY CENTER Suite, Apt. #, etc. SUITE 2505 City & State TAMPA, FL Zip 33602		<b>3. Mailing Address</b> ONE TAMPA CITY CENTER Suite, Apt. #, etc. SUITE 2505 City & State TAMPA, FL Zip 33602			
04102007    Chg-LLC    CR2E083 (12/06)		<b>4. FEI Number</b> 20-0809347		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required		<b>6. Name and Address of Current Registered Agent</b> RELIANCE CONSULTING LLC 3105 W WATERS AVE 105 TAMPA, FL 33614			
<b>7. Name and Address of New Registered Agent</b> Name PUNWANI, AMEET Street Address (P.O. Box Number is Not Acceptable) ONE TAMPA CITY CENTER SUITE 2505 City TAMPA    FL    Zip Code 33602		<b>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.</b> SIGNATURE: <u>[Signature]</u> Amet A. Punwani    04/19/07    DATE			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LALWANI, INDIRA 3105 W.WATERS AVE,SUITE#315 TAMPA, FL 33614	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE TAMPA CITY CENTER SUITE 2505 TAMPA, FL - 33602	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE TAMPA CITY CENTER SUITE 2505 TAMPA, FL - 33602	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE TAMPA CITY CENTER SUITE 2505 TAMPA, FL - 33602	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE TAMPA CITY CENTER SUITE 2505 TAMPA, FL - 33602	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ONE TAMPA CITY CENTER SUITE 2505 TAMPA, FL - 33602	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> J.S. LALWANI    4/19/07    813-600-2984    Date    Daytime Phone #					