

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017396

FILED
May 21, 2008
Secretary of State

Entity Name: FUEL INVESTMENTS & DEVELOPMENT LLC

Current Principal Place of Business:

ONE TAMPA CITY CENTER STE 2505
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

ONE TAMPA CITY CENTER STE 2505
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-0809459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PUNWANI, AMEET
ONE TAMPA CITY CENTER STE 2505
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

PUNWANI, AMEET A
ONE TAMPA CITY CENTER STE 2505
TAMPA, FL 33602 US

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: AMEET PUNWANI

05/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LALWANI, INDIRA
Address: ONE TAMPA CITY CENTER STE 2505
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: PARAGON DEVELOPMENT, MANAGERS, LLC
Address: 3105 W. WATERS AVE. SUITE 107
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: INDIRA LALWANI

MGRM

05/21/2008

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