05/03/2005 22:20 8504237381 AFG PETROLEU

FILED
May 09, 2005 8:00 am
Secretary of State
04-04-2005 90420 029 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000060409

1. Entity Name
AFG PETROLEUM LLC

Principal Place of Business	Mailing Address
2930 AIRPORT ROAD CRESTVIEW, FL 32539	2930 AIRPORT ROAD CRESTVIEW, FL 32539

30005840

01072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1350 South Pearl St	1350 South Pearl St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crestview FL	City & State: Crestview FL
Zip: 32539 Country: USA	Zip: 32539 Country: USA

4. FEI Number 20-1407060 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
EDWARDS, BEN
2930 AIRPORT ROAD
CRESTVIEW, FL 32539

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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: Ben Edwards DATE: 1/10/05

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	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	EDWARDS, BEN		NAME	
STREET ADDRESS	2930 AIRPORT ROAD		STREET ADDRESS	
CITY ST ZIP	CRESTVIEW, FL 32539		CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
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CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			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)(i), 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: Ben Edwards 1/10/05 850-682-7387

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