

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071938

**FILED**  
**Jun 30, 2005**  
**Secretary of State**

**Entity Name:** MY GAS ONE LLC

**Current Principal Place of Business:**

1900 N. E. 163RD ST.  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1900 N. E. 163RD ST.  
NORTH MIAMI BEACH, FL 33162 US

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For (X)**  **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:**

ISMAIL, MOHAMMAD T  
1900 N. E. 163RD ST.  
NORTH MIAMI BEACH, FL 33162 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/MANAGERS:**

Title: MGR  Delete  
Name: ISMAIL, MOHAMMAD T  
Address: 1900 N. E. 163RD ST.  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

Title: MGR  Delete  
Name: TAHIR, JAMILA  
Address: 1900 N. E. 163RD ST.  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

**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 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: MOHAMMAD T. ISMAIL

MGR

06/30/2005

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