

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007066

Entity Name: OCTAN ENTERPRISES LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

814 KAPOK WAY
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

814 KAPOK WAY
WESTON, FL 33327

New Mailing Address:

FEI Number: 54-2165686 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOGERMAN, RICHARD M ESQ
150 SOUTH PINE ISLAND ROAD SUITE 130
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MOGERMAN, RICHARD M ESQ
150 SOUTH PINE ISLAND ROAD
SUITE 330
PLANTATION, FL 33324 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:

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRAY-NICHOLSON, TRACY-ANN E
Address: 150 SOUTH PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRAY-NICHOLSON, TRACY-ANN E
Address: 814 KAPOK WAY
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: NICHOLSON, OMAR C
Address: 150 SOUTH PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324

Title: MGR (X) Change () Addition
Name: NICHOLSON, OMAR C
Address: 814 KAPOK WAY
City-St-Zip: WESTON, FL 33327

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: TRACY-ANN E. GRAY-NICHOLSON

MGR

04/28/2006

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