2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 27, 2006 8:00 am
Secretary of State

03-16-2006 90029 009 ****50.00

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1. Entity Name
DELAWARE'S PETROLEUM AND SERVICES, LLC

Principal Place of Business	Mailing Address
701 DELAWARE AVENUE FT. PIERCE, FL 34950	701 DELAWARE AVENUE FT. PIERCE, FL 34950

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1740274 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NGUYEN, BAO-QUOC V ~~9864 WOOLWORTH CT.~~ 380 NE Camelot Dr ~~WELLINGTON, FL 33414~~ Port St. Lucie FL 34983	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete NGUYEN, HIEN V ~~9864 WOOLWORTH CT.~~ 380 NE Camelot Dr ~~WELLINGTON, FL 33414~~ Port St. Lucie FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: _____ 313 86 772 464 8924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #