

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 APR 21 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000020455 1. Entity Name OIL FOR AMERICA TECHNICAL SERVICES, LLC			
Principal Place of Business 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310		Mailing Address 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310	
2. Principal Place of Business 1435 Piedmont Drive E. Suite, Apt. #, etc. 202-4 City & State Tallahassee FL Zip 32308		3. Mailing Address 1435 Piedmont Drive E. Suite, Apt. #, etc. 202-4 City & State Tallahassee FL Zip 32308	
4072006 Chg-LLC CR2E083 (11/05)		4. FEI Number 20-2416987	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANGERER, ROBERT J SR 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310		7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 1435 Piedmont Drive E, Suite 202-4 City Tallahassee FL Zip Code 32308	
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 <u>Robert J. Angerer, Jr.</u> DATE <u>4/14/06</u> <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGRM ANGERER, ROBERT J SR 7268 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Robert J. Angerer, Jr.</u>		Date <u>4/14/06</u> Daytime Phone # <u>850-576-8982</u>	