2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2006 8:00 am
Secretary of State
04-26-2006 90022 045 ****50.00

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1. Entity Name
PETRA MARKETING GROUP LLC

Principal Place of Business	Mailing Address
1370 SOUTH OCEAN BLVD. MANAPALAN, FL 33462	1370 SOUTH OCEAN BLVD. MANAPALAN, FL 33462

30008671

04102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
4710 Eisenhower Blvd.	P.O. Box 261718
Suite, Apt. #, etc. Suite C-3	Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa, FL
Zip 33684 Country USA	Zip 33685-1718 Country USA

4. FEI Number 20-2433597 ☐ 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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 LOWE, PETER 1370 SOUTH OCEAN BLVD. MANAPALAN, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOWE, TAMARA 1370 SOUTH OCEAN BLVD. MANAPALAN, FL 33462	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOWE, PETER 1370 SOUTH OCEAN BLVD. MANAPALAN, FL 33462	☐ Delete	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: Brian Forte 4/12/06 (813)884-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #