
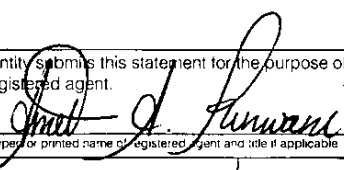
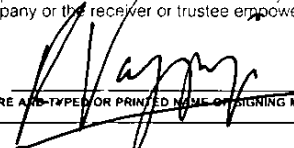


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90112 018 \*\*\*\*50.00

<b>DOCUMENT # L05000075708</b> 1. Entity Name <b>FUEL PROPERTY ACQUISITIONS LLC</b>			
Principal Place of Business <b>3105 W WATERS AVE SUITE 315 TAMPA, FL 33614 US</b>		Mailing Address <b>3105 W WATERS AVE SUITE 315 TAMPA, FL 33614 US</b>	
2. Principal Place of Business - No P.O. Box # <b>One Tampa City Center</b> Suite, Apt. #, etc. <b>Suite 2505</b> City & State <b>Tampa FL</b> Zip <b>33602</b>		3. Mailing Address <b>One Tampa City Center</b> Suite, Apt. #, etc. <b>Suite 2505</b> City & State <b>Tampa FL</b> Zip <b>33602</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>APPLIED FOR 203243956</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LALWANI, JIWAT 3105 W WATERS AVE SUITE 315 TAMPA, FL 33614</b>		7. Name and Address of New Registered Agent Name <b>Ameet Punwani</b> Street Address (P.O. Box Number is Not Acceptable) <b>One Tampa City Center Suite 2505</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33602</b>	
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  <b>Ameet A. Punwani</b> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUEL GROUP LLC 3105 W WATERS AVE, SUITE 315 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Tampa City Center Suite 2505</b> <b>Tampa FL 33602</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM R VAJ LLC 3105 W WATERS AVE, SUITE 315 TAMPA, FL 33614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>One Tampa City Center Suite 2505</b> <b>Tampa FL 33602</b>
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
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:  <b>RAM VAJPEYI</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>9<sup>th</sup> April '07</b> <b>8134821652</b> <small>Daytime Phone #</small>	