## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

eignature and pyped or printed name of eigning mayaging member, mayager, or authorized representative

## FILED Apr 03, 2006 08:00 AM Secretary of State

Daytime Phone #

	ENT # L05 0	<del></del>	<del></del>	Secret	ary or State
1. Entity Nar	ne 203 c	7000g Z	.12.		
MUNA PETR	OLEUM #1, LLC		<u></u>		
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2. Principal Place of Business 3. Mailir		3. Mailing A	ddress		
18302 N.W. 7 th AVENUE Suite, Apt. #, etc		Suite, Apt. #, etc.		DO NOT MIDITE IN THIS	PRACE
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City & State MIAMI, FL		City & State		4. FEI Number	Applied For
Zip Country		Zip Country		20-3346959	Not Applicable  \$5.00 Applicable
33169				5. Certificate of Status Desired	Fee Required
			Name	7. Name and Address of Current Re	gistered Agent
	The first of the second	AND THE RESERVE OF THE PERSON	Mohammed S	3 Miah	Í
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avirantités, p. r-	IN THIS S	PACE	18302 N W 7	th Avenue	<del></del>
			City Miami	FL	Zip Code - 33169
8. The short	se named entity submits	this statement f	<del></del>	its registered office or registered	
			ept the obligations of regist		agoriti or botal,
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SIGNATURE					
	Signature, typed or pri	nted name of reg	istered agent and title if app	olicable.	DATE
				Leaner Leaner	0004000004
			Check Payable to Department	OA /10 /	000490074 06-80041-007 50.N
			San	077 107 (	10 20041-000 00
g. Title	MANAGING MEMBER	KS/MANAGERS			<del></del>
NAME	Mohammed S Miah		NAME		
STREET ADDRESS	18302 N W 7 th Avenu	Je .	TREET ADDRESS		
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	tily that the information supplie	ed with this filling does		In Section 119.07(3)(I), Florida Statutes. I fu	rither certify that the
information	indicated on this report is true	and accurate and that	mv signature shall have the same it	egal effect as if made under cath; that I am a	managing member
oi managei		*	rice empowered to execute this repr	ort as required by Chapter 608, Florida Statu	,
SIGNATUI	RE: الارد	nih		3, 29 16 (	