

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000083941

**FILED**  
**Nov 10, 2010**  
**Secretary of State**

**Entity Name:** E & E TESORO LOT 6-D, LLC

**Current Principal Place of Business:**

1700 PARK LANE SOUTH  
SUITE # 3  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

1700 PARK LANE SOUTH  
SUITE # 3  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 59-3813732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EVANS, JAMES D  
1700 PARK LANE SOUTH  
SUITE # 3  
JUPITER, FL 33458 US

**Name and Address of New Registered Agent:**

FLORES, JUAN  
125 N.E. 168TH STREET  
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: JUAN FLORES

11/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FLORES, JUAN  
Address: 125 NE 168TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGR  
Name: EMBRY, ALEX  
Address: 301 S.W. 69TH AVENUE  
City-St-Zip: MIAMI, FL 33144

Title: MGR  
Name: MOORE, HARRIETTE  
Address: 1700 PARK LANE SOUTH SUITE # 3  
City-St-Zip: JUPITER, FL 33458

Title: MGR  
Name: AMARO, NICHOLAS  
Address: 1700 PARK LANE SOUTH SUITE # 3  
City-St-Zip: JUPITER, FL 33458

Title: MGR  
Name: EVANS, JAMES D  
Address: 1700 PARK LANE SOUTH SUITE # 3  
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: NICHOLAS AMARO

MGR

11/10/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date