

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2007 90112 016 ****50.00

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04102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000109682 1. Entity Name FUEL INVESTMENT & DEVELOPMENT II, LLC																													
Principal Place of Business 3105 W. WATERS AVE SUITE#315 TAMPA, FL 33614			Mailing Address 3105 W. WATERS AVE SUITE#315 TAMPA, FL 33614																										
2. Principal Place of Business - No P.O. Box # ONE TAMPA CITY CENTER Suite, Apt. #, etc. SUITE 2505 City & State TAMPA FL Zip 33602		3. Mailing Address ONE TAMPA CITY CENTER Suite, Apt. #, etc. SUITE 2505 City & State TAMPA FL Zip 33602		4. FEI Number APPLIED FOR 203832875																									
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent LALWANI, JIWAT 3105 W. WATERS AVE SUITE#315 TAMPA, FL 33614			7. Name and Address of New Registered Agent Name PUNWANI, AMEET Street Address (P.O. Box Number is Not Acceptable) ONE TAMPA CITY CENTER SUITE 2505 City TAMPA FL																										
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><i>[Signature]</i></u> Ameet A. Punwani 4-19-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE																										
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LALWANI, INDIRA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3105 W. WATERS AVE, SUITE#315</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33614</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	LALWANI, INDIRA		STREET ADDRESS	3105 W. WATERS AVE, SUITE#315		CITY - ST - ZIP	TAMPA, FL 33614		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE TAMPA CITY CENTER SUITE 2505</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33602</td> <td></td> </tr> </table>			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	ONE TAMPA CITY CENTER SUITE 2505		CITY - ST - ZIP	TAMPA, FL 33602	
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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: <u><i>[Signature]</i></u> J.S. Lalwani 4/19/07 873-600-2984 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													