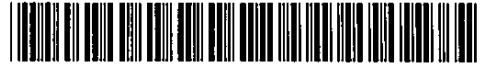


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90034 038 ***138.75

60034563



DOCUMENT # L06000031199	
1. Entity Name PETRO OPALOCKA GAS REAL ESTATE HOLDING LLC	



Principal Place of Business 8370 WEST FLAGLER ST, SUITE 120 MIAMI, FL 33144	Mailing Address 8370 WEST FLAGLER ST, SUITE 120 MIAMI, FL 33144
---	---

2. Principal Place of Business - No P.O. Box # <i>715 Opalocka Boulevard</i>	3. Mailing Address <i>1260 NW 74 ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Miami Fla</i>	City & State <i>Miami Fla</i>
Zip <i>33168</i>	Zip <i>33147</i>
Country <i>USA</i>	Country <i>USA</i>

04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent AYALA, MARTHA I 8370 WEST FLAGLER ST, SUITE 120 MIAMI, FL 33144	
--	--

7. Name and Address of New Registered Agent Name <i>Martina Ayala</i> Street Address (P.O. Box Number is Not Acceptable) <i>1260 NW 74 ST.</i> City <i>Miami</i> FL Zip Code <i>33147</i>	
---	--

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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
--	--

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AYALA, MARTHA I 8370 WEST FLAGLER ST, SUITE 120 MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM Ayala, Martina 1260 NW 74 ST Miami Fla 33147</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, RUBEN 8370 WEST FLAGLER ST, SUITE 120 MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM Gonzalez, Ruben 1260 N.W. 74 ST Miami Fla 33147</i> <input checked="" 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
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <i>04-23-08</i> 7864433563
--	---------------------------------