


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2008 90034 037 ***138.75

DOCUMENT # L06000031201

1. Entity Name
PETRO GROUP TERMINAL REAL ESTATE LLC




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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1260 NW 74 ST. **1260 NW 74 ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami Fla **Miami Fla**

Zip Country Zip Country
33147 **EEUU** **33147** **EEUU**



04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$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

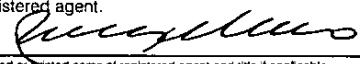
7. Name and Address of New Registered Agent

Name **ayala, martha**

Street Address (P.O. Box Number is Not Acceptable)
1260 NW 74 ST.

City **Miami** **FL** Zip Code **33147**

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:  DATE: **04/23/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

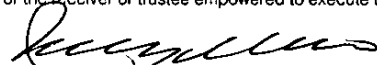
9. MANAGING MEMBERS/MANAGERS

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	MGRM GONZALEZ, RUBEN 8370 WEST FLAGLER ST., SUITE 120 MIAMI, FL 33144	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AYALA, MARTHA I. 1260 NW 74 ST. MIAMI FLA 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, RUBEN 1260 NW 74 ST. MIAMI FLA 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  DATE: **04/23/08** DAYTIME PHONE # **786 443 3563**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #