2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SEGNATURE AND TYPED OR PRINTED NAME OF BICHING MAY

FILED DOCUMENT # L06000088707 1. Entity Name FLORIDA FUEL PARTNERS, LLC 07 OCT -5 PM 3: 49 SECKETALL TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 801 ARTHUR GODFREY ROAD, SUITE 600 801 ARTHUR GODFREY ROAD, SUITE 600 MIAMI, FL 33140 MIAMI, FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052007 CR2E083 (12/06) Chg-LLC 4. FEI Number 31 -City & State City & State Applied For 1643295 Not Applicable Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name M & W AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431 City Zip Code 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 Signature, lyped or printed name on ignitizated agent and late if applicable DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9, 10. Perfrakeum Res 1-4 Investment Parting Change Macdition TITLE Delete TITLE NAME NAME \$01 Arthur Goz. Frag RL Suite Goo STREET ADDRESS STREET ADDRESS Mini Beach, FL CITY-ST-ZIP CITY-ST-7P President TITLE ☐ Delete TITLE ☐ Change ☐ Addition Stephen Bithel 601 Arthur Gostry Re NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Minni Beach FC 33140 Scott Fitzson ☐ Change TITLE ☐ Delate HTLE **Z***Addition NAME MALLE 801 A-Tim Goetry Re Su. te Geo STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZUP 31140 TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-ZIP TITLE Addition Delete TITLE NALE KAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Secret

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/31/2007-90066-027-\$50.00-\$50.00

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