

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L07000021913

1. Entity Name

MARINE PETRO L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 22 PM 2:15

Principal Place of Business

6582 EUREKA SPRINGS ROAD
SUITE 222 F
TAMPA FL 33610-9147
US

Mailing Address

6582 EUREKA SPRINGS ROAD
SUITE 222 F
TAMPA FL 33610-9147
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOBERG, MARK R
6582 EUREKA SPRINGS ROAD
SUITE 222 F
TAMPA FL 33610-9147

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, typed or printed name of registered agent (if not applicable)

(NOTE: Registered Agent's signature required when reconstituting)

DATE

4/24/08

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 MGRM ☐ Delete
NAME MOBERG, MARK R
STREET ADDRESS 6582 EUREKA SPRINGS ROAD SUITE 222 F
CITY-ST-ZIP TAMPA FL 33610-9147

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100130740331
CITY-ST-ZIP 06/04/08--01034--005 **716.25

TITLE MGRM ☐ Delete
NAME MOBERG, DAVID C
STREET ADDRESS 6582 EUREKA SPRINGS ROAD SUITE 222F
CITY-ST-ZIP TAMPA FL 33610-9147

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME AMANN, DAVID W
STREET ADDRESS 6582 EUREKA SPRINGS ROAD SUITE 222 F
CITY-ST-ZIP TAMPA FL 33610-9147

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/08

Date

Daytime Phone #

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