

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076149

Entity Name: ST CLAIR COUNTY OIL LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

4851 TAMIAMI TRAIL NORTH
300
NAPLES, FL 34103 US

Current Mailing Address:

4851 TAMIAMI TRAIL NORTH
300
NAPLES, FL 34103 US

New Principal Place of Business:

4851 TAMIAMI TRAIL NORTH
302
NAPLES, FL 34103 US

New Mailing Address:

4851 TAMIAMI TRAIL NORTH
302
NAPLES, FL 34103 US

FEI Number: 42-1734658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIEVENSE, KARL
4851 TAMIAMI TRAIL NORTH
300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

LIEVENSE, KARL
4851 TAMIAMI TRAIL NORTH
302
NAPLES, FL 34103 US

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.

SIGNATURE: KARL LIEVENSE

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GIBRALTAR ENERGY LLC
Address: 4851 TAMIAMI TRAIL NORTH #300
City-St-Zip: NAPLES, FL 34103 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GIBRALTAR ENERGY LLC
Address: 4851 TAMIAMI TRAIL NORTH #302
City-St-Zip: NAPLES, FL 34103 US

Title: MGR () Change (X) Addition
Name: LIEVENSE, KARL
Address: 4851 TAMIAMI TRAIL NORTH #302
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KARL LIEVENSE

MGR

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date