

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L07000087264

1. Entity Name  
PALM BEACH ATLANTIC OIL & GAS, LLC



**FILED  
Apr 07, 2008 8:00 am  
Secretary of State**

04-07-2008 90230 029 \*\*\*138.75

Principal Place of Business  
3915 SOUTH FLAGLER DRIVE  
314  
WEST PALM BEACH, FL 33405

Mailing Address  
3915 SOUTH FLAGLER DRIVE  
314  
WEST PALM BEACH, FL 33405

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

01052008 Chg-LLC CR2E083 (12/06)

4. FEI Number

26-0787108

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LOVEJOY, DONALD  
3915 SOUTH FLAGLER DRIVE  
314  
WEST PALM BEACH, FL 33405

**7. Name and Address of New Registered Agent**

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

*Donald W. Lovejoy*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

04/04/08

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 MGR  Delete  
NAME LOVEJOY, DONALD  
STREET ADDRESS 3915 SOUTH FLAGLER DRIVE, #314  
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM  Delete  
NAME HOFRICHTER, STEPHEN  
STREET ADDRESS 4672 PALM BROOK CIRCLE  
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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.

*Donald W. Lovejoy* DONALD W. LOVEJOY 01/04/08 561-803-2275  
SIGNATURE: *Donald W. Lovejoy*

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

Date

Daytime Phone #