


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90082 046 ***138.75

DOCUMENT # L07000108563

1. Entity Name
 PIPELINE LOGISTICS, LLC



Principal Place of Business
 180 S. KNOWLES AVE.
 SUITE 7
 WINTER PARK, FL 32789

Mailing Address
 P.O. DRAWER 30
 WINTER PARK, FL 32790

60041157



2. Principal Place of Business - No P.O. Box #
 1111 Lakeview Drive
 Suite, Apt. #, etc.

3. Mailing Address
 1111 Lakeview Drive
 Suite, Apt. #, etc.

01152008 Chg-LLC CR2E083 (12/06)

City & State
 Winter Park, FL

City & State
 Winter Park, FL

Zip
 32789

Country
 United States

Zip
 32789

Country
 United States

4. FEI Number
 77-0710149

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERMAN, JED
 180 S. KNOWLES AVE.
 SUITE 7
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name
 Annette Kroha

Street Address (P.O. Box Number is Not Acceptable)
 1111 Lakeview Dr

City
 Winter Park

FL

Zip Code
 32789

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 *Annette Kroha* DATE 1-17-08

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 Annette Kroha 1111 Lakeview Dr Winter Park, FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Christopher Kroha 1111 Lakeview Drive Winter Park, FL 32789 <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	<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
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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: *Annette Kroha* Annette Kroha MGRM 1-17-08 407-404-2314

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