2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000013412

Entity Name: NEXLUBE TAMPA LLC

FILED Jan 06, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

951 YAMATO ROAD SUITE 202 BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

4801 GAILLARDIA PARKWAY
SUITE 350

16803 NORTH DALLAS PARKWAY
ADDISON, TX 75001

SUITE 350 ADDISON, TX 75001 OKLAHOMA CITY, OK 73142

FEI Number: 27-1901517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENDOZA, ALBERTO 951 YAMATO ROAD SUITE 202 BOCA RATON, FL 33431 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.

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SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: MITCHELL, MALONE 3RD Address: 16803 NORTH DALLAS PARKWAY

City-St-Zip: ADDISON, TX 75001

Title: MGR

Name: BELL, MONTE

Address: 16803 NORTH DALLAS PARKWAY

City-St-Zip: ADDISON, TX 75001

Title: MGR

Name: MITCHELL, NOAH 4TH

Address: 16803 NORTH DALLAS PARKWAY

City-St-Zip: ADDISON, TX 75001

Title: MGR

Name: MENDOZA, ALBERTO

Address: 951 YAMATO ROAD, SUITE 202 City-St-Zip: BOCA RATON, FL 33431

Title: MGR

Name: D'ANGELO, ENZIO

Address: 951 YAMATO ROAD, SUITE 202 City-St-Zip: BOCA RATON, FL 33431

Title: MGR

Name: RIATA MANAGEMENT, LLC
Address: 16803 NORTH DALLAS PARKWAY

City-St-Zip: ADDISON, TX 75001

I hereby 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 Statues.

SIGNATURE: MALONE MITCHELL, 3RD MGR 01/06/2012

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