

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L96000000051</b>		
<small>1. Entity Name</small> HILDALGO TRADING COMPANY, L.C.		
<small>Principal Place of Business</small> 830-13 STATE ROAD A1A N SUITE #201 PONTE VEDRA BEACH, FL 32082	<small>Mailing Address*</small> 830-13 STATE ROAD A1A N SUITE #201 PONTE VEDRA BEACH, FL 32082	  04302004 No Chg-LLC      CR2E083 (10/03)
<b>DO NOT WRITE IN THIS SPACE</b>		
<small>4. FEI Number</small> 59-3358181		
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
<small>6. Name and Address of Current Registered Agent</small>		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>
<small>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.</small>		
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> _____ <small>DATE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
<div style="display: flex; justify-content: space-between;"><div><b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b></div><div style="text-align: right;">1000000158275 05/07/04-80015-006 50.00</div></div>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
<small>TITLE</small>	MGR	<b>DO NOT WRITE IN THIS SPACE</b>
<small>NAME</small>	KRUGER, PAUL A	
<small>STREET ADDRESS</small>	2500 S MCGEE SUITE 147	
<small>CITY - ST - ZIP</small>	NORMAN, OK 73072	
<small>TITLE</small>	MGR	
<small>NAME</small>	BARKSDALE, JULIE	
<small>STREET ADDRESS</small>	2500 S MCGEE SUITE 147	
<small>CITY - ST - ZIP</small>	NORMAN, OK 73072	
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		
<small>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</small>		
<b>SIGNATURE:</b> <i>Julie Smith Barksdale</i>		<b>5-3-04 (405) 860-5047</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date      Daytime Phone #</small>