

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000001910****1. Entity Name**  
PIPELINE OPERATING GROUP, L.L.C.

|                                    |                        |
|------------------------------------|------------------------|
| <b>Principal Place of Business</b> | <b>Mailing Address</b> |
| 42 SLEEPY HOLLOW ROAD              | P.O. BOX 8             |
| MIDDLEBURG FL 32068                | DOCTORS INLET FL 32030 |

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| 42 SLEEPY HOLLOW ROAD                 | 42 SLEEPY HOLLOW ROAD     |

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DO NOT WRITE IN THIS SPACE

|                         |                         |   |                                       |
|-------------------------|-------------------------|---|---------------------------------------|
| <b>City &amp; State</b> | <b>City &amp; State</b> | <b>4. FEI Number</b>                    | <b>Applied For</b>                    |
| MIDDLEBURG FL           | MIDDLEBURG FL           | 59-3584804                              | Not Applicable                        |
| <b>Zip</b>              | <b>Country</b>          | <b>5. Certificate of Status Desired</b> | <b>\$5.00 Additional Fee Required</b> |
| 32068                   | US                      | <input checked="" type="checkbox"/>     |                                       |
| <b>Zip</b>              | <b>Country</b>          |   |                                       |
| 32068                   | US                      |   |                                       |

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

BLACKBURN DENNIS L  
SUITE 200, SOUTHPOINT BUILDING  
6620 SOUTHPOINT DRIVE, SOUTH  
JACKSONVILLE FL 32216 US

Name  
BLACKBURN DENNIS L  
Street Address (P.O. Box Number is Not Acceptable)  
5150 BELFORT ROAD SOUTH  
BUILDING 500  
City JACKSONVILLE FL Zip Code 32256

**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.****SIGNATURE** \_\_\_\_\_ **04/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS / MEMBERS |   | 10. ADDITIONS / CHANGES |  |
|-------------------------------|---|-------------------------|--|
| <b>TITLE</b>                  | <b>MGRM</b> <input type="checkbox"/> Delete | <b>TITLE</b>            | <b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                   | EAGLE OIL CORPORATION                       | <b>NAME</b>             | EAGLE OIL CORPORATION  |
| <b>STREET ADDRESS</b>         | 42 SLEEPY HOLLOW ROAD                       | <b>STREET ADDRESS</b>   | 42 SLEEPY HOLLOW ROAD  |
| <b>CITY-ST-ZIP</b>            | MIDDLEBURG FL 32068                         | <b>CITY-ST-ZIP</b>      | MIDDLEBURG FL 32068  |
| <b>TITLE</b>                  | <input type="checkbox"/> Delete             | <b>TITLE</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| <b>NAME</b>                   |   | <b>NAME</b>             |  |
| <b>STREET ADDRESS</b>         |   | <b>STREET ADDRESS</b>   |  |
| <b>CITY-ST-ZIP</b>            |   | <b>CITY-ST-ZIP</b>      |  |
| <b>TITLE</b>                  | <input type="checkbox"/> Delete             | <b>TITLE</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| <b>NAME</b>                   |   | <b>NAME</b>             |  |
| <b>STREET ADDRESS</b>         |   | <b>STREET ADDRESS</b>   |  |
| <b>CITY-ST-ZIP</b>            |   | <b>CITY-ST-ZIP</b>      |  |
| <b>TITLE</b>                  | <input type="checkbox"/> Delete             | <b>TITLE</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| <b>NAME</b>                   |   | <b>NAME</b>             |  |
| <b>STREET ADDRESS</b>         |   | <b>STREET ADDRESS</b>   |  |
| <b>CITY-ST-ZIP</b>            |   | <b>CITY-ST-ZIP</b>      |  |
| <b>TITLE</b>                  | <input type="checkbox"/> Delete             | <b>TITLE</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |
| <b>NAME</b>                   |   | <b>NAME</b>             |  |
| <b>STREET ADDRESS</b>         |   | <b>STREET ADDRESS</b>   |  |
| <b>CITY-ST-ZIP</b>            |   | <b>CITY-ST-ZIP</b>      |  |

**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.****SIGNATURE:** GEORGE H. ASHBY, JR. **C/P** **04/27/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)