


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000004371</b> 1. Entity Name <b>S &amp; G PETROLEUM, L.L.C.</b>	
--	---

Principal Place of Business <b>243 N. ARLINGTON RD., #2A-B JACKSONVILLE, FL 32211</b>	Mailing Address <b>243 N. ARLINGTON RD., #2A-B JACKSONVILLE, FL 32211</b>
--	--



04132007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3592311</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

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

**YAZJI, HAYSSAM B  
243 N. ARLINGTON RD., SUITE 2 A-B  
JACKSONVILLE, FL 32211**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAZJI, HAYSSAM 7247 PLACID OAKS DR. JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EL-YAZIGI, ADNAN 12555 MISSION HILLS CIR N. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAZEJI, MARWAN 6407 LENSZYK DR. JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AL YAZGI, GHASSAN PLACID OAKS DR. JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YAZJI, KAMAL 5488 RIVER TR RD S JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000728516  
05/07/07-80021-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

Date

Daytime Phone #

**4/19/07 (904) 721-6501**