


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -9 AM 10:45

DOCUMENT # M00000000699		
1. Entity Name PETROLEUM REALTY I, LLC		

Principal Place of Business 1200 BRICKELL AVENUE, SUITE 1500 MIAMI, FL 33131	Mailing Address 1200 BRICKELL AVENUE, SUITE 1500 MIAMI, FL 33131
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2. Principal Place of Business 801 Arthur Godfrey Rd		3. Mailing Address Same as #2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State	
Zip 33140	Country	Zip	Country



01102005 Chg-LLC CR2E083 (10/03)

4. FEI Number 31-1643295	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETROLEUM REALTY INVESTMENT PARTNERS, LP 1200 BRICKELL AVENUE, SUITE 1500 MIAMI, FL 33131 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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03/16/05--01008--001 **300.00

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: <u>Scott Fitzgibbon, Secretary</u>	Date: <u>3/7/05</u>	Daytime Phone #: <u>205-774-8314</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		