



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90225 045 ****50.00

DOCUMENT # M04000000139 1. Entity Name AJK PETROLEUM LLC					
Principal Place of Business 2707 CORAL SHORES DRIVE FORT LAUDERDALE, FL 33306				Mailing Address 2707 CORAL SHORES DRIVE FORT LAUDERDALE, FL 33306	
2. Principal Place of Business 333 LAS OLAS WAY Suite, Apt. #, etc. UNIT 2505		3. Mailing Address 333 LAS OLAS WAY Suite, Apt. #, etc. UNIT 2505			
City & State Fort Lauderdale, FL Zip 33301		City & State Fort Lauderdale FL Zip 33301		4. FEI Number 58-2679129	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 SMALL + BIANCHI, P.A. Street Address (P.O. Box Number is Not Acceptable) 409 W HALLANDALE BEACH BLVD. #420 City HALLANDALE FL Zip Code 33009		
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 <u><i>Mark Bianchi</i></u> MARK BIANCHI DATE 2/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOSS, KENNETH M 2707 CORAL SHORES DRIVE FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOSS, KENNETH M. 333 LAS OLAS WAY UNIT 2505 FORT LAUDERDALE, FL 33301	<input checked="" 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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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		
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: <u><i>Kenneth M. Goss</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 2/24/06 Daytime Phone # 954-817-3487		