

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000525

**FILED**  
**Apr 23, 2009**  
**Secretary of State**

**Entity Name:** PETRA MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

60 EAST SIMPSON AVENUE  
JACKSON, WY 83001

**New Principal Place of Business:**

60 EAST SIMPSON AVENUE, BOX 2869  
JACKSON, WY 83001

**Current Mailing Address:**

POST OFFICE BOX 2869  
JACKSON, WY 83001

**New Mailing Address:**

60 EAST SIMPSON AVENUE, BOX 2869  
JACKSON, WY 83001

**FEI Number:** 20-1456131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DETWEILER, GERRI  
1037 GREYSTONE LANE  
SARASOTA, FL 34232 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VERBAARSCHOTT, TRACI  
Address: P.O. BOX 2869  
City-St-Zip: JACKSON, WY 83001

Title: MGR ( ) Delete  
Name: VERBAARSCHOTT, KURT  
Address: P.O. BOX 2869  
City-St-Zip: JACKSON, WY 83001

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** TRACI VERBAARSCHOTT

MGR

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date