2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # M98000000229 04-29-2005 90053 003 ****50.00 **EQUILON ENTERPRISES LLC** Principal Place of Business Mailing Address PO BOX 2463 HOUSTON TX 77210-2463 1100 LOUISIANAST., SUITE 1000 HOUSTON TX 77002 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 52-2074528 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition | Change TITLE MGRM □ Delete TIT! F SOPC HOLDINGS WEST LLC NAME NAME STREET ADDRESS STREET ADDRESS 910 LOUISIANA ST. CITY-ST-ZIP HOUSTON TX 77002 CITY-ST-ZIP MGRM ☐ Delete Change Addition TITLE TMR COMPANY NAME NAME STREET ADDRESS 910 LOUISIANA STREET ADDRESS CITY-ST-78P CITY-ST-7IP HOUSTON TX 77002 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 reserver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE:

S. J. PAUL

4/25/2005

FILED