


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # M98000000359 1. Entity Name A & B FUEL, L.L.C. |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 700 FRONT STREET KEY WEST, FL 33040 | Mailing Address 700 FRONT STREET KEY WEST, FL 33040 |
|---|---|



07092004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 65-0828609 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

TERMINELLO, LOUIS J
CHADROFF, TERMINELLO & TERMINELLO
2700 S.W. 37TH AVENUE
MIAMI, FL 33133

**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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ROBERT ALAN ROMANOFF, TRUSTEE 120 NORTH LASALLE, 38TH FLOOR CHICAGO, IL 60602 |
|--|---|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
|--|--|

000000168920
08/02/04-80003-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

7/9/04

Date

305-294-4502

Daytime Phone #