2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Jan 29, 2003 8:00 am Secretary of State DOCUMENT # M9800000359 01-29-2003 90051 009 ****50.00 A & B FUEL, L.L.C. Principal Place of Business Mailing Address ----700 FRONT STREET 700 FRONT STREET KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0828609 Not Applicable Zip Zio 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 TERMINELLO, LOUIS J Street Address (P.O. Box Number is Not Acceptable) CHADROFF, TERMINELLO & TERMINELLO 2700 S.W. 37TH AVENUE MIAMI FL 33133 City Zip Code 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** ☐ Addition TITLE TITLE ☐ Change ☐ Delete NAME ROBERT ALAN ROMANOFF, TRUSTEE NAME STREET ADDRESS STREET ADDRESS 120 NORTH LASALLE, 38TH FLOOR CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60602 ☐ Delete TITLE ☐ Change ☐ Addition TITLE Lage the present the engine NAME NAME Light Brown Taken at STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI E TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_ZIP_ ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information scapplied 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 of the eceiver or trustee empowers to execute this report as required by Chapter 608, Florida Statutes.

11. I hereby certify that the information

limited liability company of the receiver or to