2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90082 035 ****50.00

DOCUMENT # M98000001043

1. Entity Name
MOTIVA ENTERPRISES LLC

Principal Place of Business	Mailing Address
1100 LOUISIANA STREET, SUITE 1000 HOUSTON, TX 77002	P.O. BOX 2463 HOUSTON, TX 77210-2463

24001501

DO NOT WRITE IN THIS SPACE

04192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
76-0262490
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	CEO
NAME	BOLES, JOHN F
STREET ADDRESS	1100 LOUISIANA STREET, SUITE 1000
CITY-ST-ZIP	HOUSTON, TX 77002
TITLE	CFO
NAME	LANGAN, RONALD
STREET ADDRESS	1100 LOUISIANA STREET, SUITE 1000
CITY-ST-ZIP	HOUSTON, TX 77002
TITLE	GCS
NAME	WELTE, WILLIAM B
STREET ADDRESS	1100 LOUISIANA STREET, SUITE 1000
CITY-ST-ZIP	HOUSTON, TX 77002
TITLE	VP
NAME	KIAPPES, JOHN L
STREET ADDRESS	1100 LOUISIANA STREET, SUITE 1000
CITY-ST-ZIP	HOUSTON, TX 77002
TITLE	AS
NAME	HOWARD, T.J.
STREET ADDRESS	1100 LOUISIANA STREET, SUITE 1000
CITY-ST-ZIP	HOUSTON, TX 77002
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MR Ihrig MR IHRIG 4-22-2004 713-241-4461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #