

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90111 011 ****50.00

DOCUMENT # M98000001043

1. Entity Name

MOTIVA ENTERPRISES LLC



Principal Place of Business

**1100 LOUISIANA STREET, SUITE 1000
HOUSTON TX 77002**

Mailing Address

**P.O. BOX 2463
HOUSTON TX 77210-2463**

2. Principal Place of Business

700 MILAM

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PNT LEVEL 11

City & State

HOUSTON, TX

City & State

4. FEI Number

76-0262490

Applied For

Not Applicable

Zip

77002

Country

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **CEO** ☐ Delete
NAME **BOLES, JOHN F**
STREET ADDRESS **1100 LOUISIANA STREET, SUITE 1000**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **CFO** ☐ Delete
NAME **LANGAN, RONALD**
STREET ADDRESS **1100 LOUISIANA STREET, SUITE 1000**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **GCS** ☐ Delete
NAME **WELTE, WILLIAM B**
STREET ADDRESS **1100 LOUISIANA STREET, SUITE 1000**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **VP** ☐ Delete
NAME **KIAPPES, JOHN L**
STREET ADDRESS **1100 LOUISIANA STREET, SUITE 1000**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE **AS** ☐ Delete
NAME **HOWARD, T.J.**
STREET ADDRESS **1100 LOUISIANA STREET, SUITE 1000**
CITY-ST-ZIP **HOUSTON TX 77002**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

T. J. Howard

T. J. HOWARD

4/27/2005

713/241-5166

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

Date

Daytime Phone #