


**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

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04-10-2007 90082 041 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L06000082901</b>			
1. Entity Name FT. DRUM SERVICE STATION, LLC			
Principal Place of Business 9100 SO. DADELAND BLVD., SUITE 504 MIAMI, FL 33156		Mailing Address 9100 SO. DADELAND BLVD., SUITE 504 MIAMI, FL 33156	
2. Principal Place of Business - No P.O. Box # 15300 N. W. 7th Avenue Suite, Apt. #, etc.		3. Mailing Address 15300 N. W. 7th Avenue Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33169	Country	Zip 33169	Country USA
4. FEI Number 45-0542529		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 SIMON, GARY P 9100 SO. DADELAND BLVD., SUITE 504 MIAMI, FL 33156		7. Name and Address of New Registered Agent Name <b>Volante, Gabriel</b> Street Address (P.O. Box Number is Not Acceptable) <b>15300 N. W. 7th Avenue</b> City <b>Miami</b> FL Zip Code <b>33169</b>	
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 <i>Gary P Simon</i>		DATE 04-04-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR VOLANTE, GABRIEL 15300 N. W. 7th Avenue Miami, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Gary P Simon</i>		DATE: 04-04-07 (305) 688-9613	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	