


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M00000001582  
 1. Entity Name  
 PETRO DISTRIBUTING PARTNERS OF FLORIDA, L.L.C.



Principal Place of Business 7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256	Mailing Address 7014 A.C. SKINNER PARKWAY SUITE 290 JACKSONVILLE, FL 32256
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**DO NOT WRITE IN THIS SPACE**



03242004 No Chg-LLC CR2E083 (10/03)

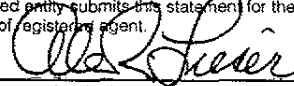
4. FEI Number 59-3638306	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

LIESER, ALLEN R  
 7014 A.C. SKINNER PARKWAY  
 SUITE 290  
 JACKSONVILLE, FL 32256

**DO NOT WRITE IN THIS SPACE**

6. The above named party 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:  Allen R. Lieser 3/24/04  
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

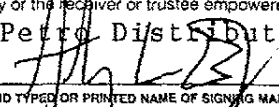
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETRO DISTRIBUTING, INC. 7014 A.C. SKINNER PARKWAY, STE 290 JACKSONVILLE, FL 32256
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U00000109312  
 04/12/04-80039-006 50.00

**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)(j), 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.

Petro Distributing, Inc.

SIGNATURE:  Aubrey L. Edge, Pres. (904) 596-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #