


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
7014 A.C. SKINNER PARKWAY 7014 A.C. SKINNER PARKWAY
SUITE 290 SUITE 290
JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE



03072008 No Chg-LLC CR2E083 (11/05)
4. FEI Number Applied For
59-3638306 Not Applicable
5. Certificate of Status Desired **KX** **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent
LIESER, ALLEN R
7014 A.C. SKINNER PARKWAY
SUITE 290
JACKSONVILLE, FL 32256

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IN THIS SPACE**

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, 2006**

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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04/18/06-80036-020 55.00

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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: Aubrey L. Edge Petro Distributing, Inc., Managing Member Pres. 3/31/06 904/596-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #