Due By May 1, 2006				Jan 31, 2006 U8:00 A		
1. Entity Nam	TOPPING CENTERS, L.			Secretary of State	5	
Principal Place of Business 6090 SURETY DRIVE EL PASO, TX 79905		Mailing Address ATTN: LEGAL DEPT. P.O. BOX 26808 EL PASO, TX 79926				
D	O NOT WRIT	E IN THIS SPA	ACE	01102006 No Chg-LP	· -	
	5. Name and Address of Curr	ent Registered Agent				
CAPITOL CORPORATE SERVICES, INC. 1933 NORTH DUVAL ST. TALLAHASSEE, FL 32303			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement ions of registered agent. Signeture, typed or orinted name of registered a		tered office or register	red agent, or both, in the State of Florida. I am familiar with, and accompany	1qe	
	After May 1 A GENERAL PARTNE			TERED AND ACTIVE WITH THIS OFFICE.		
12.		MAY NOT be changed on the fo NER INFORMATION	rm; an amendmen	nt must be filed to change a general partner.	_	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS	P16274 PETRO, INC. 6080 SURETY DRIVE EL PASO, TX 79905			U00000412003 02/10/06-80030-016 500.0	เก	
CITY-ST-ZIP DOCUMENT!				02/10/06-80030-016 500.0	v	
NAME STREET ADDRESS CITY-ST-219 DOCUMENT # NAME				DO NOT WRITE IN THIS SPACE		
STREET ADDRESS CHY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP DOCUMENT # NAME						

14. I hereby certify that the information supplied with this filling 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 path; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Palauduull
SIGNATURE'AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-30-2006

(915)779-4711

Daytime Phone #