


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90039 017 \*\*\*\*55.00

DOCUMENT # L04000075791		
1. Entity Name FEDA TANK LINES, LLC		
Principal Place of Business 14162 MAILER BLVD ORLANDO FL 32828	Mailing Address 14162 MAILER BLVD ORLANDO FL 32828	



2. Principal Place of Business - No P.O. Box # 4001 FORECAST DR. Suite, Apt. #, etc.	3. Mailing Address 4001 FORECAST DR. Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State BRANDON, FLORIDA	City & State BRANDON, FLORIDA.	4. FEI Number 20-1872437	Applied For Not Applicable
Zip 33511	Country E. J.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JIMENEZ, FELIX E 14162 MAILER BLVD ORLANDO FL 32828	7. Name and Address of New Registered Agent Name JIMENEZ FELIX E. Street Address (P.O. Box Number is Not Acceptable) 4001 FORECAST DR. City BRANDON FL Zip Code 33511
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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 Felix E. Jimenez DATE 03-19-09

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JIMENEZ, FELIX E. 14162 MAILER BLVD ORLANDO FL 32828	<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	MGRM RESTREPO, CARMEN C 14162 MAILER BLVD ORLANDO FL 32828	<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
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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 Section 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: Felix E. Jimenez DATE 03-19-07 DAYTIME PHONE # 407-4665495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #