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Feb 03, 2006 8:00 am
Secretary of State
02-03-2006 90080 034 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000011984

1. Entity Name
PALM BEACH GAS STATION, LLC

20004791

Principal Place of Business	Mailing Address
200 BRADLEY PLACE, UNIT 103 PETER BERLEY PALM BEACH, FL 33480	200 BRADLEY PLACE, UNIT 103 PETER BERLEY PALM BEACH, FL 33480

01302006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
ATTN: PETER BERLEY		ATTN: PETER BERLEY	
Suite, Apt. #, etc.: 600 ISLAND DRIVE		Suite, Apt. #, etc.: 600 ISLAND DRIVE	
City & State: PALM BEACH, FLORIDA		City & State: PALM BEACH, FLORIDA	
Zip: 33480	Country: US	Zip: 33480	Country: US

4. FEI Number 20-2350054 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERLEY, PETER 200 BRADLEY PLACE, UNIT 103 PALM BEACH, FL 33480	Name: PETER BERLEY Street Address (P.O. Box Number is Not Acceptable): 600 ISLAND DRIVE City: PALM BEACH FL Zip Code 33480

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 [signature] PETER BERLEY 1/30/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERLEY, PETER 200 BRADLEY PLACE, UNIT 103 PALM BEACH, FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERLEY, PETER 600 ISLAND DRIVE PALM BEACH, FL 33480	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] PETER BERLEY 1/30/06 561-655-9633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #