MAR-30-2007 09:25 From:MOYLE & FLANIGAN 561 227 1561

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Apr 04, 2007 8:00 am
Secretary of State
04-04-2007 90036 033 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000004721

1. Entity Name
MSS PETROLEUM OF THE PALM BEACHES, L.L.C.

60032118

Principal Place of Business
8000 BELVEDERE ROAD
WEST PALM BEACH, FL 33411

Mailing Address
8000 BELVEDERE ROAD
WEST PALM BEACH, FL 33411

03282007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #: 8000 Belvedere Rd
Suite, Apt. #, etc.
City & State: WPB Fl
Zip: 33411 Country: USA

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State: WPB Fl
Zip: 33411 Country: USA

4. FEI Number: 65-0938142 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LYNCH, FRANCIS X
MOYLE, FLANIGAN, KATZ, RAYMOND & SHEEHAN
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent
Name: Morry Strauss
Street Address (P.O. Box Number is Not Acceptable): 8000 Belvedere Rd
City: WPB FL Zip Code: 33411

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	STRAUSS, MORRY S	
STREET ADDRESS	8000 BELVEDERE ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ______________________________ 4/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #