2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State
08-22-2006 90007 024 ****50.00

DOCUMENT # M00000001143

1. Entity Name
EPSILON PRODUCTS COMPANY, LLC

Principal Place of Business	Mailing Address
ATTN: REFINERY MANAGER PO BOX 432, POST ROAD AND BLUEBALL AVE. MARCUS HOOK, PA 19061	1801 MARKET STREET, 17TH FLOOR PHILADELPHIA, PA 19103

07102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
1735 Market St.		1735 Market Street	
Suite, Apt. #, etc.: LL		Suite, Apt. #, etc.: LL	
City & State: Philadelphia, PA		City & State: Philadelphia, PA	
Zip: 19103	Country: Philadelphia	Zip: 19103	Country: Philadelphia

4. FEI Number: 23-3044197 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNOCO, INC. (R&M) TEN PENN CENTER, 1801 MARKET ST. 17TH FL PHILADELPHIA, PA 19103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1735 Market Street Philadelphia, PA 19103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAR-L, INC. % AUDIA GROUP, 450 RACETRACK ROAD WASHINGTON, PA 15301	☐ 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
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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.

Sunoco Inc (R&M)

SIGNATURE: ______________________________ 215-977-6648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Michael L. Preston V.P. and Assistant Secretary