


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 15 PM 4: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000229 EQUILON ENTERPRISES LLC 1600 SMITH STREET, SUITE 1775 HOUSTON TX 77002		1a. Principal Place of Business Address 1600 SMITH STREET, SUITE 177 HOUSTON TX 77002			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 03/10/1998 3a. State of Formation DE <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		4. FEI Number 52-2074528		5. Date of Last Report 04/22/99 - 01104 - 023 ****188.75 ****188.75	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
			000002848180 - 2 04/22/99 - 01104 - 023 ****188.75 ****188.75 FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (Not a Registered Agent signature required with this filing)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	TEXACO REFINING AND ,	2000 WESTCHESTER AVENUE	WHITE PLAINS NY		
MGRM	TEXACO TRADING AND T,	2000 WESTCHESTER AVENUE	WHITE PLAINS NY		
MGRM	TRMI HOLDINGS INC.,	2000 WESTCHESTER AVENUE	WHITE PLAINS NY		
MGRM	TEXACO CONVENT REFIN,	2000 WESTCHESTER AVENUE	WHITE PLAINS NY		
MGRM	TEXACO PIPELINE INC.,	2000 WESTCHESTER AVENUE	WHITE PLAINS NY		
MGRM	TEXACO ANACORTES COG,	2000 WESTCHESTER AVENUE	WHITE PLAINS NY		
4-19-99					
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10. or on an attachment with an address.					
SIGNATURE: <i>George H. Thomasson</i> George H. Thomasson Equiva Services LLC Manager - Tax Compliance 4/7/99 713-286-3710					