FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL             |     |  |  |  |  |  |  |  |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0104    |     |  |  |  |  |  |  |  |
| Estimated average burden |     |  |  |  |  |  |  |  |
| hours per response:      | 0.5 |  |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person*     MCLELLAND STAN L   |                 |            | 2. Date of Event<br>Requiring Staten<br>Month/Day/Year<br>10/04/2005 | nent              | 3. Issuer Name <b>and</b> Ticker or Trading Symbol  VALERO L P [ VLI ]                        |   |  |  |   |   |  |
|--|-----------------|------------|--|-------------------|---|---|--|--|---|---|--|
| (Last)<br>P.O. BOX 696   | (First)<br>6000 | (Middle)   |  |                   | Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner |   | 5. If Amendment, Date of Original Filed (Month/Day/Year) |  |   |   |  |
| (Street) SAN ANTONIO   | TX              | 78269-6000 |  |                   |   | Officer (give title below)  | Other (spe<br>below)                                     | ecify  |   | icable Line)<br>Form filed b                | /Group Filing (Check<br>y One Reporting Person<br>y More than One<br>erson |
| (City)   | (State)         | (Zip)      |  |                   |   |   |  |  |   |   |  |
| Table I - Non-Derivative Securities Beneficially Owned   |                 |            |  |                   |   |   |  |  |   |   |  |
| 1. Title of Security (Instr. 4)  |                 |            |  |                   | unt of Securities<br>ially Owned (Instr. 4)   | 3. Ownership<br>Form: Direct (D)<br>or Indirect (I)<br>(Instr. 5) |  | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |   |   |  |
| No securities are beneficially owned   |                 |            |  |                   |   | 0   | D  |  |   |   |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                 |            |  |                   |   |   |  |  |   |   |  |
| 1. Title of Derivative Security (Instr. 4)  2. Date Exercisab Expiration Date (Month/Day/Year)                     |                 | ate        | and 3. Title and Amount of Secu<br>Underlying Derivative Secu        |                   | rity (Instr. 4) Conv  |   | rsion<br>rcise   | 5.<br>Ownership<br>Form:                                 | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |   |  |
|  |                 |            | Date<br>Exercisable  | Expiratio<br>Date | on Title  | 2   | Amount<br>or<br>Number<br>of<br>Shares                   | Price of Deriva Securi                                   | tive  | Direct (D)<br>or Indirect<br>(I) (Instr. 5) |  |

Explanation of Responses:

Remarks:

<u>J. Stephen Gilbert, as Attorney-</u> in-Fact for Stan L. McLelland

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.