

FILED

03 APR 29 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000111			
1. Entity Name AMERIGAS PROPANE, LIMITED PARTNERSHIP			
Principal Place of Business 460 NORTH GULPH ROAD KING OF PRUSSIA, PA 19406		Mailing Address 460 NORTH GULPH ROAD KING OF PRUSSIA, PA 19406	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-2787917		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 WAYS STREET, SUITE 105 TALLAHASSEE, FL 32301		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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable.			
9. Capital Contributions as Shown on record. \$68,060,601.00		10. Amount of Capital Contributions in FLORIDA to date. \$34,014,909	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	F96000001368 AMERIGAS PROPANE, INC. 460 NORTH GULPH ROAD KING OF PRUSSIA, PA 19406	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), Florida Statutes. I further certify that the information included 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: _____		SAMUEL R. MAURIELLO 04/25/03 610-337-1000 ASST. TREASURER-AMERIGAS PROPANE, INC.	

MJH

4/29



CFR2003 (10/02)

300017331763
04/29/03--01094--009 **526.25

STAPLE CHECK HERE