LIMITED
PARTNERSHIP
REINSTATEMENT



PARTNERSHIP
REINSTATEMEN

DOCUMENT #

1. Name of Limited Partnership Columbia Propane, L.P.

			1100		
2. Principal Office Address		3- Mailing Office Address		4. Date Formed or Re	
10710 Midlothian Turnpike		10710 Midlothian Turnpike		To Do Business in I	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
Suite 200 City & State		Suite 200 City & State		42-1453041 6. CERTIFICATE OF STA	
Zip	Country	Zlp	Country	78. Capital Contributio 20,000,00	
23235	USA	23235	USA	7b. Amount of Capital	
	None				
Name	oration System			4) 57-25-(2) 6-2-4	

- gistered Florida June 26, 1996
- Applied For Not Applicable 58.75 Additional Fee required
- TUS DESIRED 🔲 for a Certificate of Status wn on Record:
- 0.00 Contributions in FLORIDA to date:

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

1200 South Pine Island Road Suite, Apt. #, Etc.

Plantation

State

33324 Zip Code

- Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate 7a, a supplemental affidav and appropriate filing fee.
- 9. Pursuant to the provisions of sections 620, 1051 and 620, 192. Florida Statutes, the above named limited pertine ship organized or registered under the laws of the State of Florida, 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 the general pertue (s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620, 192. Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

SPECIAL ASSISTANT SECRETARY

51910

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Na	me(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post O fice Box Numbers)	City, State and Zip Code	10a. Registration Document Number	
CP Holdi	ngs, Inc.	10710 Midlothian Turnpike, Suite 200	-05/ ***	4213517 14/0101009001 1282.50 ***1282	

PENSTATEMENT

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11.	I do hereby certify that the information supplied with this figing is veluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of
	Corporations from any liability of non-compliance with Section 11\$ 07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated
	on this annual report is true and accurate and that my signature shall have the same k gal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver o
	trustee empowered to execute this report as required by chaptel 620, Florida Statutes

SIGNATURE

Typed or Printed Name of General Partner Signing Form

CP Holdings, Inc., By: A. Mason Brent

Telephone Number 804-594-0648