

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 21 PM 1:34

1. Name of Limited Partnership

1a. DOCUMENT #  
B96000000475

CORNERSTONE PROPANE, L.P.



012/30

Mailing Address 432 WESTRIDGE DRIVE WATSONVILLE CA 95076	Principal Office Address 432 WESTRIDGE DRIVE WATSONVILLE CA 95076	3. Date Formed or Registered 12/10/1996	5a. Capital Contributions as Shown on record. \$334.13
		3a. Date of Last Report 11/14/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation DE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 77-0442450	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership 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 its general partner(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)

DATE

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

11. Name(s) of General Partner(s) CORNERSTONE PROPANE GP, INC. SYN INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 432 WESTRIDGE DRIVE 1700 SOUTH JEFFERSON	11b. City, State & Zip Code WATSONVILLE CA 95076 LEBANON MO 65536	11c. Registration/ Document Number F96000006474 F96000006316
---	---	---	---

600002735096--0  
-01/08/99--01093--010  
\*\*\*\*150.00 \*\*\*\*150.00

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

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

R J Goedde

EVP/CEO

DATE

10/31/98

Typed or Printed Name of General Partner Signing Form

R J Goedde

Daytime Telephone Number

831-724-1924

CR2E003 (8/98)