

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B96000000475 1. Entity Name CORNERSTONE PROPANE, L.P.		 <div style="position: absolute; top: 0; right: 0; text-align: right;"> FILED 04 APR 30 PM 12:27 </div>	
Principal Place of Business 432 WESTRIDGE DRIVE WATSONVILLE, CA 95076		Mailing Address 432 WESTRIDGE DRIVE WATSONVILLE, CA 95076	
2. Principal Place of Business 1700 S. JEFFERSON ST. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 7000 Suite, Apt. #, etc.	
City & State LEBANON, MO Zip 65536 Country US		City & State LEBANON, MO Zip 65536 Country US	
4. FEI Number 77-0442450		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record, \$334.13		10. Amount of Capital Contributions in FLORIDA to date, \$334.13	
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	F96000006474 CORNERSTONE PROPANE GP, INC. 432 WESTRIDGE DRIVE WATSONVILLE, CA 95076	STREET ADDRESS CITY-ST-ZIP	1700 So. JEFFERSON ST. LEBANON, MO 65536
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F96000006316 SYN INC. 1700 SOUTH JEFFERSON STREET LEBANON, MO 65536	STREET ADDRESS CITY-ST-ZIP	_____ _____
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14. I 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 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: <u>Nancy Ragains</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		4-26-04 417-532-3101 <small>Date Daytime Phone #</small>	

STAPLE CHECK HERE