

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024785

**FILED**  
**Jul 11, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA PROPANE PARTNERS, LLC

**Current Principal Place of Business:**

5350 BATLEY ROAD  
JACKSONVILLE, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

5350 BATLEY ROAD  
JACKSONVILLE, FL 32003

**New Mailing Address:**

**FEI Number:** 05-0534459      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BSPA CORPORATE SERVICES, INC.  
350 EAST LAS OLAS BOULEVARD, SUITE 1000  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

STEVENS, POWELL & COMPANY  
8382 BAYMEADOWS ROAD  
SUITE 2  
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: JOHN P STEVENS

07/11/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRIFFIS, HENRY G JR  
Address: 165 N ROSCOE BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HENRY G GRIFFIS, JR.

MGR

07/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date