

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90106 047 ****55.00

DOCUMENT # L03000016878

1. Entity Name

PROPANE DISCOUNTERS, L.C.



Principal Place of Business

739 N.E. DIXIE HIGHWAY
JENSEN BEACH FL 34957

Mailing Address

739 N.E. DIXIE HIGHWAY
JENSEN BEACH FL 34957

49003034



MOORE

CR2E083 (11/03)

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

05-0570266

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEISLER, J.D.
739 N.E. DIXIE HIGHWAY
JENSEN BEACH FL 34957

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SMITH, JAYCE
STREET ADDRESS 739 N.E. DIXIE HIGHWAY
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE MGR ☐ Change ☒ Addition
NAME MICHAEL, CHRIS
STREET ADDRESS 739 N.E. DIXIE HIGHWAY
CITY-ST-ZIP Jensen Beach, FL 34957

TITLE MGRM ☐ Delete
NAME GEISLER, J.D.
STREET ADDRESS 739 N.E. DIXIE HIGHWAY
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

James S. Geisler mgr

2/3/04 (772) 225-7980