



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90042 006 \*\*\*\*50.00

<b>DOCUMENT # L03000016878</b> 1. Entity Name <b>PROPANE DISCOUNTERS, L.C.</b>					
Principal Place of Business <b>739 N.E. DIXIE HIGHWAY JENSEN BEACH, FL 34957</b>			Mailing Address <b>739 N.E. DIXIE HIGHWAY JENSEN BEACH, FL 34957</b>		
2. Principal Place of Business <b>1108 NE Industrial Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>1108 NE Industrial Blvd</b> Suite, Apt. #, etc.			
City & State <b>Jensen Beach, FL</b>		City & State <b>Jensen Beach, FL</b>		4. FEI Number <b>05-0570266</b>	
Zip <b>34957</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GEISLER, J.D. 739 N.E. DIXIE HIGHWAY JENSEN BEACH, FL 34957</b>				7. Name and Address of New Registered Agent  Name <b>Geisler, JD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1108 NE Industrial Blvd</b>  City <b>Jensen Beach</b> <b>FL</b> Zip Code <b>34957</b>	
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 <u><i>James D Geisler</i></u> <span style="float: right;">4/17/05</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JAYCE 739 N.E. DIXIE HIGHWAY JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEISLER, J.D. 739 N.E. DIXIE HIGHWAY JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL, CHRIS 739 N.E. DIXIE HIGHWAY JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JAYCE 1108 NE Industrial Blvd Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEISLER, JD 1108 NE Industrial Blvd Jensen Beach, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JAYCE 739 N.E. DIXIE HIGHWAY JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, JAYCE 1108 NE Industrial Blvd Jensen Beach, FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>James D Geisler</i></u> <span style="float: right;">4/17/05 772 225 7980</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					