

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115154

FILED
Jan 11, 2008
Secretary of State

Entity Name: PROPANE U.S.A. DISTRIBUTION, LLC

Current Principal Place of Business:

1900 BANKS RD.
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

1900 BANKS RD.
MARGATE, FL 33063

New Mailing Address:

FEI Number: 26-1476809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZER, ERIC L ESQ.
2300 CORPORATE BLVD. NW
SUITE 232
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BECK, LOUIS S
Address: 2300 CORPORATE BLVD. NW, #232
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BECK, TRUSTEE, LOUIS S
Address: 2300 CORPORATE BLVD. NW, #232
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Change (X) Addition
Name: TONGES, TRUSTEE, RICHARD A
Address: 8534 E. KEMPER RD.
City-St-Zip: CINCINNATI, OH 45249

Title: MGRM () Change (X) Addition
Name: STERNECK, STEVEN
Address: 1900 BANKS RD.
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEVEN STERNECK

MGRM

01/11/2008

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