


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90046 007 \*\*\*\*50.00

**24079644**



DOCUMENT # M03000000527					
1. Entity Name LINDE BOC PROCESS PLANTS LLC					
Principal Place of Business 8522 EAST 61ST STREET TULSA, OK 74133			Mailing Address 8506 E 61ST ST TULSA, OK 74133		
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 <b>33-1008639</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$5.00 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 526 E PARK AVE, TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b>		
			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	
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HABICHT, FRANZ		NAME	Bruno Ziegler	
STREET ADDRESS	LINDE AG, 82049 HOLLRIEGELSKREUTH		STREET ADDRESS	Linde AG, 82049 Hollriegelskreuth	
CITY-ST-ZIP	GERMANY,		CITY-ST-ZIP	Germany	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARZMEIER, WERNER		NAME		
STREET ADDRESS	LINDE AG, 82049 HOLLRIEGELSKREUTH		STREET ADDRESS		
CITY-ST-ZIP	GERMANY,		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDON, JOHN D		NAME	C. Douglas Houston	
STREET ADDRESS	8522 EAST 61ST STREET		STREET ADDRESS	8522 East 61st Street	
CITY-ST-ZIP	TULSA, OK 741331923		CITY-ST-ZIP	Tulsa, OK 74133	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASTERS, KENT		NAME		
STREET ADDRESS	575 MOUNTAIN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MURRAY HILL, NJ 07974		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOWK, ROBERT		NAME		
STREET ADDRESS	575 MOUNTAIN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MURRAY HILL, NJ 07974		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>C. Douglas Houston</i>			C. Douglas Houston, Mgr. 918/250-4217		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #