

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 15, 2006  
Secretary of State**

DOCUMENT# M03000004174

Entity Name: LINDE GAS LLC

**Current Principal Place of Business:**

6055 ROCKSIDE WOODS BLVD.  
INDEPENDENCE, OH 44131

**New Principal Place of Business:**

**Current Mailing Address:**

6055 ROCKSIDE WOODS BLVD.  
INDEPENDENCE, OH 44131

**New Mailing Address:**

FEI Number: 47-0931450      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      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: LINDE GAS INC.,  
Address: 11603 STRANG ROAD  
City-St-Zip: LA PORTE, TX 77572

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

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: LINDE GAS INC.,  
Address: 6055 ROCKSIDE WOODS BLVD  
City-St-Zip: INDEPENDENCE, OH 44131

Title: MGR      ( ) Change      (X) Addition  
Name: HOY, JONATHON P TREAS  
Address: 6055 ROCKSIDE WOODS BLVD  
City-St-Zip: INDEPENDENCE, OH 44131

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHON P HOY

MGR

03/15/2006

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