



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90058 014 \*\*\*\*50.00

DOCUMENT # M04000004872					
1. Entity Name TITAN PROPANE LLC					
Principal Place of Business 1700 S. JEFFERSON LEBANON, MO 65536			Mailing Address P.O. BOX 7000 LEBANON, MO 65536		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION 1200 S. PINE ISLAND RD FORT LAUDERDALE, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CORBIN, BILL 7426 US 42, STE. 101 FLORENCE, KY 41042	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Corbin, Bill 500 Meijer Dr., Ste. 200 Florence, KY 41042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RIGGAN, DAVID C 7426 US 42, STE. 101 FLORENCE, KY 41042	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Riggan, David C. 500 Meijer Dr., Ste. 200 Florence, KY 41042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRADY, ROBERT P 7426 US 42, STE. 101 FLORENCE, KY 41042	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Grady, Robert P 500 Meijer Dr., Ste. 200 Florence, KY 41042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RAGAINS, NANCY L 1700 S. JEFFERSON LEBANON, MO 65536	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Zamansky, Stephen 500 Meijer Dr., Ste. 200 Florence, KY 41042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAHAM, ROBERT M 1700 S. JEFFERSON LEBANON, MO 65536	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Graham, Robert M 500 Meijer Dr., Ste. 200 Florence, KY 41042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIGGAN, DAVID C 7426 US 42, STE. 101 FLORENCE, KY 41042	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				4/27/06 866-536-7288	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	