2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32204 1. Entity Name						FILED	
FARMLAND HYDRO, LIMITED PARTNERSHIP					00 JAN 31 PM 1: 10.		
Principal Place of Business 3315 N. OAK TRAFFICWAY DEPT. 54 KANSAS CITY MO 64116			Mailing Address 3315 N. OAK TRAFFICWAY DEPT. 54 KANSAS CITY MO 64116-2775			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number Applied For Not Applied For	
Zip Country		Zip Count		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current			egistered Agent		<u> </u>	7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM					Name		
1200 S. PINE ISLAND ROAD							
PLANTATION FL 33324							
					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.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. Capital Contributions as Shown on record. \$51,047,043.00 In FLORIDA to date					\$51,0	47,043.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A 6 NOTE	GENERAL PARTNER T : General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on t	NTITY M the form	IUST BE REGIS' 1; an amendmer	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES ONLY	
DOCUMENT# NAME	The same and the same and			STR	EET ADORESS		
STREET ADDRESS CITY-ST-ZIP	3315 N. (CITY-ST-ZIP				
DOCUMENT #	100.000			STR	EET ADDRESS	1000031218919 -02/03/0001005018	
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STREET ADDRESS CITY-ST-ZIP	<u>.</u>	/1		1	'-ST-ZIP		
14. I hereby certify that the information subplied with this filling 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 General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: SIGNATURE: SIGNATURE REQUESTS TEXAS FOR SIGNATURE DESIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE: Design Proce #							