## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

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SIGNATURE: A

## Mar 20, 2006 08:00 AM DOCUMENT # A32204 **Secretary of State** t. Entity Name FARMLAND HYDRO, LIMITED PARTNERSHIP. Principal Place of Business Mailing Address 12200 N. AMBASSADOR DR. DEPT. 54 100 NORTH TAMPA STREET SUITE 3200 TAMPA FL 33602 KANSAS CITY MO 64163-1244 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State Applied For 4. FEI Number 43-1589265 Not Applicat Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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 DATE FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # P36246 STREET ADDRESS NAME FARMLAND HYDRO, INC. STREET ADDRESS 12200 N. AMBASSADOR DR. CITY-ST-732 CITY-ST-ZIP KANSAS CITY MO 64163-1244 OCCUMENT # U000000475888 STREET ADDRESS NAME 04/05/**0**6-80**034-02**2-500-00 STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS. STREET ADDRESS CITY-SI-EP CAY-ST-ZIP DOCUMENT # STREET ADORESS MAME STREET ADDRESS CUTY-ST-ZIP C174-S7-27P DOCUMENT# STREET ADDRESS NAME STREET LADORESS CITY-ST-ZP CTTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Leesa M. Burns

**FILED** 

3/12/06 813-222-5700