LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A93000001079

FALED ECRETARY OF STATE

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-LORIDA NATORAL FOLLS	, LID.			
Malling Address P. O. BOX 2562	Principal Office Address -111 E. MADISON ST. TANDA EL 22002		3. Date formed or Registered 10/19/1993 38. Date of Last Report	5a. Capital Contributions as Shown on record
TAMPA FL 33601	-TAMPA FL 33602-		12/26/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Malling Address P. O. Box 111	2a. Frincipal Office Address 702 N. Franklin Street Suite, Apt. #, etc. TECO Plaza 6 City & State		FL	\$1,250,000.00
Suite, Apt. #, etc. Corporate Tax - P6 City & State			6. FEI Number 59-3214408	Applied For Not Applicable
Tampa, FL Zip Country	Tampa, FL	Country	7. Cortificate of Status Desired	\$8.75 Additional Fee Required
33601-0111	33602		8. Make check payable to: Dept. of State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent		10. if changed, now Registered Agent/Office		
SIMPSON, NATHAN B ESQ			M. McDevitt P.O. Box Number (s Not Acceptable)	

9. Name and Address of Current Registered Agent	10. If changed, now Registered Agent/Office
SIMPSON, NATHAN B ESQ 111 E: MADISON STREET, SUITE 2300 TAMPA FL 33602	Name Sheila M. McDevitt

10a. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. Lam familiar with, and accept the obligations of section 620.192, Florida Statutes

The Amended and Restated Certificate of Limited Partnership was filed on Sept. 23, 1997. SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11a. Address of Each General Partner (De NOT Use Post Office Box Numbers) Registration/ City, State & Zip Code 11c. 11. Name(s) of General Partner(s) 11b. Document Number **SUWANNEE GAS MARKETING, INC.** 702 N. Franklin Street **TAMPA FL 33602** J91720 1900 FIFTH AVENUE NOR **BIRMINGHAM AL 35203** F93000004684 **SONAT VENTURES, INC,**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any hability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and acquate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutos.

SIGNATURE ...

Francis J. Sivard,

for Suwannee Gas Marketing, Inc. (813) 228-4592