

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


fee 141.25

FILED

04 APR -6 PM 3:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJA

DOCUMENT # B01000000245 1. Entity Name NABORS DRILLING USA, LP					
Principal Place of Business 515 WEST GREENS ROAD, SUITE 1000 HOUSTON, TX 77067			Mailing Address 515 WEST GREENS ROAD, SUITE 1000 HOUSTON, TX 77067		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01082004 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 73-0329270	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300032517303 04/13/04--01025--015 **52.50 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. 300032517303 04/13/04--01025--016 **88.75					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions in FLORIDA to date.		
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.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # F01000003644 NAME NDUSA HOLDINGS CORP. STREET ADDRESS 515 WEST GREENS ROAD, SUITE 1000 CITY-ST-ZIP HOUSTON, TX 77067				STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____ CHRISTOPHER P. PAPADURAS 1/8/04 281-775-8144 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ASST. SECRETARY Date Daytime Phone #</small>					

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