



FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED MAY -5 PM 5:00 SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SOUTHEASTERN BIOMASS PARTNERS, LIMITED PARTNERSHIP		1a. DOCUMENT # B94000000449			
Mailing Address 903 JERNIGAN STREET PERRY GA 31069		Principal Office Address 903 JERNIGAN STREET PERRY GA 31069		3. Date Formed or Registered 11/04/1994	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/20/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation - GA	
City & State		City & State		5a. Capital Contributions \$ 143,663	
Zip		Zip		5b. Amount of Capital Contributions in FLORIDA to date 143,663	
Country		Country		6. FEI Number 58-2081528	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MORAE, C. FINLEY C/O PANHANDLE ENERGY PRODUCES, INC. HIGHWAY 2 EAST GRACEVILLE FL 32440		10. If changed, new Registered Agent/Office	
		Name FF \$526.25	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City FL Zip Code	

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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

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

11. Name(s) of General Partner(s) SOUTHEASTERN BIOMASS MANAGEM	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 903 JERNIGAN STREET	11b. City, State & Zip Code PERRY GA 31069	11c. Registration/ Document Number F94000005741
7000002848497- - 3 -04/22/99 -01121 -006 ***526.25 ***526.25			

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

12. I do hereby certify that the information supplied with this filing 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 liability 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 accurate and that my signature shall have the same legal effects as if made under oath. 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 Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

JOHN D. IRWIN

Daytime Telephone Number

912 988-3801

CR2E003 (12/98)