

DOCUMENT #		B94000000449	
1. Entity Name			
SOUTHEASTERN BIOMASS PARTNERS, LIMITED PARTNERSH			
Principal Place of Business		Mailing Address	
903 JERNIGAN STREET PERRY GA 31069		903 JERNIGAN STREET PERRY GA 31069-3435	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MCRAE, C. FINLEY C/O PANHANDLE ENERGY PRODUCES, INC. HIGHWAY 2 EAST GRACEVILLE FL 32440			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. Capital Contributions as Shown on record.		\$143,663.00	10. Amount of Capital Contributions in FLORIDA to date.
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed.			
12. GENERAL PARTNER INFORMATION		13.	
DOCUMENT #	F94000005741 SOUTHEASTERN BIOMASS MANAGEMENT, INC. 903 JERNIGAN STREET PERRY GA 31069	STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
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CITY - ST - ZIP		CITY - ST - ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 601.10, Florida Statutes, and that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if I am the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: _____		SIGNATURE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/18/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #