2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

| DOCUMENT # B9400000449 1. Entity Name | | | | | it stationers and myster and a | | |
|---|--|---|-----------------------------|---------------------|---|--|--|
| SOUTHEASTERN BIOMASS PARTNERS, LIMITED PARTNERSH | | | | | FICED SECRETARY OF STATE DIVISION OF CORPORATIONS | | |
| Principal Place of Business . Mailing Address 903 JERNIGAN STREET 903 JERNIGAN STREET PERRY GA 31069 PERRY GA 31069-3435 | | | | | , | OO MAY 16 PM 1:33 | |
| Principal Place of Business 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. Su | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State | | | City & State | | | 4. FEI Number | |
| Zip | p Country | | Zip | Cour | ntry | 5. Certificate of Status Desired \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | | Name | 7. Name and Address of New Registered Agent | |
| MCRAE, C. FINLEY | | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| C/O PANHANDLE ENERGY PRODUCES, INC. HIGHWAY 2 EAST | | | | | y 3 | | |
| GRACEVILLE FL 32440 | | | | | City | FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered | | | | | L ed office or register | | |
| SIGNATURE . | | | | OTE: Parister | d Acost signature convers | d when reinstating) DATE | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when a Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. | | | | | | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | |
| as chom. | A | | HAT IS A BUSINESS E | NTITY M | | TERED AND ACTIVE WITH THIS OFFICE. | |
| NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION | | | | | i; an amenomen | ADDRESS CHANGES ONLY | |
| DOCUMENT# NAME | F94000005741 SOUTHEASTERN BIOMASS MANAGEMENT, INC. | | | STRI | EET ADDRESS | | |
| STREET ADORESS CITY-ST-ZIP | 903 JERN PERRY G | igan Street A 31069 | | | '-ST-ZIP | | |
| DOCUMENT# | | | | STRI | EET ADDRESS | 8000032920789 | |
| STREET ADDRESS CITY-ST-ZIP | | | | спу | '-ST-ZIP | -06/15/0001109021 ****526.25 *****526.25 | |
| DOCUMENT# NAME | | | | ~~- FSTRI | EET ADDRESS - | الله والمنتشوف بيد منيسا و فيد يدرون والمنتشر المرايض والمراج والمستديد | |
| STREET ADDRESS CITY-ST-ZIP | | | | CITY | '-ST-ZIP | | |
| DOCUMENT# NAME | | | | STR | EET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | ļ | | | СПҮ | '-ST-ZIP | | |
| OOCUMENT# NAME | | | | STRI | EET ADORESS | | |
| STREET ADDRESS CITY ST-ZIP | | | | СПУ | '-ST-ZIP | : | |
| DOCUMENT# | ENT# | | | STRI | EET ADORESS | | |
| STREET ADDRESS CITY-ST-ZIP | et address - ST-ZIP | | | | ′-ST-ZIP | | |
| indicated | l on this repo | e information supplied with it is true and accurate and empowered to execute this | that my signature shall hav | re the same | e legal effect as if r | ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or | |
| SIGNATURE: SICHED 4/18/2000 | | | | | | | |

Daytime Phone #