FILED

03 MAY -9 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000449

1. Entity Name
SOUTHEASTERN BIOMASS PARTNERS, LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
903 JERNIGAN STREET PERRY, GA 31069	903 JERNIGAN STREET PERRY, GA 31069

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: PERRY GA	
Zip	Country	Zip: 31069	Country

DUE BY MAY 1, 2003

4. FEI Number 58-2081528 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCRAE, C. FINLEY
C/O PANHANDLE ENERGY PRODUCES, INC.
HIGHWAY 2 EAST
GRACEVILLE, FL 32440

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $143,663.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	F94000005741	STREET ADDRESS	
NAME	SOUTHEASTERN BIOMASS MANAGEMENT, INC.		
STREET ADDRESS	903 JERNIGAN STREET	CITY-ST-ZIP	
CITY-ST-ZIP	PERRY, GA 31069		
DOCUMENT #		STREET ADDRESS	
NAME			
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CR2E003 (10/02)

STAPLE CHECK HERE

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: [signature] 4/22/03 478 987.2105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #