2000 UNIFORM BUSINESS REPORT (UBR)

DOCU		" 50										
1. Entity Nam	MENT	# B 9	70000	000614				F	ILED			
AMANA	COMPANY,	L.P.						00 FEB -	7 PH	4: 1	Τ̈́	
Principal Place of Business 1501 SEAMIST HOUSTON TX 77008			1:	Mailing Address 1501 SEAMIST HOUSTON TX 77008-5031				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
			ı									
2. Principal Place of Business			3.	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State				City & State			4. FEI N	Number 39-19	04835	 -		Applied F
Zip		Country		Zip	Count	try	5. Certi	ficate of Status D	esired		\$8.75 Fee Re	Additional equired
	6. Name	and Address of	Current Regis	tered Agent			7. Nam	e and Address o	f New Reg	gistered	Agent	
-	, , -		- ~ .			Name		م ب بر	-: -	e	*. *	Maria Paris
C T CORPORATION SYSTEM					ŀ	Street Addre	ess (P.O. Box N	lumber is Not Acc	ceptable)			
		LAND ROAD										
PLANTAT	ION FL 333	24										
						City				FL	Zip	Code
8. The above	named entity	submits this sta	tement for the p	ourpose of changing i	ts registere	ed office or reg	jistered agent,	or both, in the Sta	ate of Floric	da.	1	
8. The above	named entity	submits this sta	tement for the p	ourpose of changing i	ts registere	ed office or reg	gistered agent,	or both, in the Sta	ate of Floric	da.	1	
8. The above									ate of Florid	da.	1	
SIGNATURE .	Signature, typed	or printed name of regis	stered agent and title	if applicable. (NC	OTE: Registered	d Agent signature re	gistered agent,	ting)		DATE	E TO DE	PT. OF STATE
	Signature typed ontributions on record.	or printed name of regis	stered agent and title	f applicable. (NC 10. Amount of Cap in FLORIDA to	ote: Registered oital Contrib date.	d Agent signature re	equired when reinstat	11. MÅ SEE	KE CHECK REVERSE	DATE PAYABLE SIDE FO	OR FEE	PT. OF STATE
SIGNATURE .	Signature, typed ontributions on record.	or printed name of regis	o.00	f applicable. (NO 10. Amount of Capin FLORIDA to	ofe Registered pital Contrib date.	d Agent signature re butions	equired when reinstat	11. MA SEE	KE CHECK REVERSE	PAYABLE SIDE FO	OR FEE (E.	
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SCATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #