

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0017305
AT

DOCUMENT # B97000000614

1. Entity Name

GOODMAN COMPANY, L.P.

02 APR 25 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE HAVE MOVED!

Our new address is:

~~Goodman Manufacturing
Company, L.P.~~

2550 North Loop West, Suite 400
Houston, TX 77092

008



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

39-1904835

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # F97000006023
NAME GOODMAN HOLDING COMPANY
STREET ADDRESS 1601 SEAMIST
CITY-ST-ZIP HOUSTON TX 77008

STREET ADDRESS

CITY-ST-ZIP

2550 North Loop West #400
Houston TX 77092

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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05/03/02-01102-010
****150.00 ****150.00

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STREET ADDRESS

CITY-ST-ZIP

CR2E003 (9/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/1/02