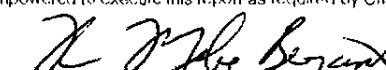


FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # B97000000614						Secretary of State	
1. Entity Name GOODMAN COMPANY, L.P.							
Principal Place of Business 2550 NORTH LOOP WEST, STE. 400 HOUSTON, TX 77092				Mailing Address 2550 NORTH LOOP WEST, STE. 400 HOUSTON, TX 77092			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt # etc				Suite, Apt # etc			
City & State				City & State			
Zip		Country		Zip		Country	
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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 \$0.00				10. Amount of Capital Contributions in FLORIDA to date \$0.00		\$141.25	
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			STREET ADDRESS			
NAME	GOODMAN HOLDING COMPANY			CITY ST ZIP			
STREET ADDRESS	2550 NORTH LOOP WEST, STE. 400						
CITY ST ZIP	HOUSTON, TX 77092						
DOCUMENT #				STREET ADDRESS	1100000153008		
NAME				CITY ST ZIP	05/10/04-80012-008 141.25		
STREET ADDRESS							
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DOCUMENT #				STREET ADDRESS			
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CITY ST ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY ST ZIP			
STREET ADDRESS							
CITY ST ZIP							
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: 				Asst Secy 4/26/04 (713) 861-2500			