2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # B97000000614

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

03042004 Chg-LP CR2E003 (10/03)

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 ______________________________
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 $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		
STREET ADDRESS	2550 NORTH LOOP WEST, STE. 400	CITY ST ZIP	
CITY ST ZIP	HOUSTON, TX 77092		
DOCUMENT #		STREET ADDRESS	U00000153006
NAME			
STREET ADDRESS		CITY ST ZIP	05/10/04--00012--008 141.25
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY ST ZIP	
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY ST ZIP	
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY ST ZIP	
CITY ST ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY ST ZIP	
CITY ST ZIP			

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], Asst Secy 4/26/04 (713) 861-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #