## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

## LIMITED PARTNERSHIP ANNUAL REPORT 1999

PLAINS MARKETING, L.P.



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** B9800000653

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SECRETARY OF STAIR

Aailing Address 500 Dallas. Suite 700 Houston TX 77002	Principal Office Address 1013 CENTRE ROAL WILMINGTON DE 15		3. Date Formed or Regislered 11/13/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record	
			NE ω  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office A	2a. Principal Office Address		0	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 716-1587115	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Adu tional	
Žip Country	Zıp	Country		Fee Required    State (See reverse side for fee informa	
9. Name and Addre	ess of Current Registered Agent		10. If changed, new Registered	Agent/Office	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name			
		Street Address (	Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt #, etc	Suite, Apt #, etc		
		City		FL Zip Code	
agent. I am familiar with, and accept  SIGNATURE (Registered Agent Accepting Apr	i i		DATE PARTNERSHIP OR OTH		
A GENERAL PARTNE	MILET DE DECISTED	ED AND ACTIVE	WITH THIS ACCIAC		
	MUST BE REGISTER	ED AND ACTIVE	WITH THIS OFFICE.  1b. City, State & Zip Code	A40 Registration/	
	MUST BE REGISTER  11a. Address of E	RED AND ACTIVE Each General Partner ost Office Box Numbers)	WITH THIS OFFICE.  1b. City, State & Zip Code  HOUSTON TX 77002	11c. Registration/ Document Number  F98000006259	
11. Name(s) of General Partner(s)	MUST BE REGISTER  11a. Address of E	RED AND ACTIVE Each General Partner ost Office Box Numbers)	WITH THIS OFFICE.  1b. City, State & Zip Code  HOUSTON TX 77002  -03/0	11c. Registration/ Document Number	

from any kability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

DATE 2-19-99

Feeback, Treas. for GPaylime Telephone Number 713/654-1414