

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017620 AT

DOCUMENT # B98000000653

1. Entity Name
PLAINS MARKETING, L.P.



FILED

03 MAR 25 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
333 CLAY STREET, SUITE 2900
HOUSTON TX 77002

Mailing Address
333 CLAY STREET, SUITE 2900
HOUSTON TX 77002

2. Principal Place of Business

333 Clay

3. Mailing Address

333 Clay

Suite, Apt. #, etc.

Ste. 1600

Suite, Apt. #, etc.

Ste. 1600

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 76-1587115

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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.

11. MAKE CHECK PAYABLE TO FL. 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 # F01000004396
NAME PLAINS MARKETING GP INC.
STREET ADDRESS 333 CLAY STREET
CITY-ST-ZIP HOUSTON TX 77002

STREET ADDRESS

CITY-ST-ZIP

900014689599
03/25/03--01078--001 **150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-19-03 713646-4100

CR2E003 (10/02)