FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 26 AM 11:39

1. Name of Limited Partnership

1a. DOCUMENT # **A30727**

INDIANTOWN COGENERATION, L.P., LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
ATTN: JENNIFER COGNATA P.O. BOX 1620 INDIANTOWN FL 34956	ATTN: JENNIFER COGNATA P.O. BOX 1620 INDIANTOWN FL 34956

3. Date Formed or Registered: 10/23/1990

3a. Date of Last Report: 10/03/1995

4. State or Country of Formation: DE

5a. Capital Contributions as Shown on record: 84,000,000.00
S.M. filed 12-26-96

5b. Amount of Capital Contributions in FLORIDA to date: $84,000,000.00

6. FEI Number: 52-1722490 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. 000002039680--0
-12/27/96--01075--016
****428.75 ****428.75
000002039680--0
-12/27/96--01075--015
***1897.50 ****147.50

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
TOYAN ENTERPRISES	%444 MARKET ST., 19TH	SAN FRANCISCO CA	P40686
PALM POWER CORPORATION	50 BEALE ST 2ND FLOOR	SAN FRANCISCO CA	P40675

FF $52.50
CR 12-26-96

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability 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.

SIGNATURE Stuart W. Booth DATE 11/12/96

Typed or Printed Name of General Partner Signing Form Stuart W. Booth Daytime Telephone Number 415-291-6400