## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## SECRETARY OF STATE DOCUMENT # A30727 INDIANTOWN COGENERATION, L.P., LIMITED 04 APR 19 PM 2: 11 **PARTNERSHIP** Principal Place of Business Mailing Address 7500 OLD DEORGETOWN ROAD, STE. #1300 ATTN: TAX DEPARTMENT BETHESDA, MD 20814 7500 OLD GEORGE TOWN RD., 13TH FLOOR BETHESDA, MD 20814 2. Principal Place of Business 600 Wisconsi Suite, Apt. #, etc. 03172004 CR2E003 (10/03) Chg-LP Applied For 4. FEI Number 52-1722490 Not Applicable Country 5A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 10. Amount of Capital Contributions \$2.00 as Shown on record. in FLORIDA to date 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY B99000000272 DOCUMENT # STREET ADDRESS INDIANTOWN PROJECT INVESTMENT PARTNERSHIP, NAME 7600 Wisconsin Avenue 7500 OLD GEORGETOWN RD., 13TH FLOOR STREET ADDRESS Bethesda, MD\_20814-3657 CITY-ST-ZIP CITY-ST-ZIP BETHESDA, MD 208146161 P40675 DOCUMENT # STREET ADDRESS PALM POWER CORPORATION NAME 7600 Wisconsin Avenue 9405 ARROWPOINT BOULEVARD STREET ADDRESS CITY-ST-ZIP Bethesda, MD\_20814-3657 CITY-ST-ZIP **CHARLOTTE, NC 282738110** 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

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

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHECK HERE

CITY-SI-ZIP DOCUMENT #

NAME \* STREET ANDRESS CITY-ST-ZIP

12er 4/1/04