

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -4 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A30727

1. Entity Name
INDIANTOWN COGENERATION, L.P., LIMITED
PARTNERSHIP



Principal Place of Business
7600 WISCONSIN AVE
BETHESDA, MD 20814

Mailing Address
7600 WISCONSIN AVE
BETHESDA, MD 20814

2. Principal Place of Business
9405 Arrowpoint Blvd.

3. Mailing Address
9405 Arrowpoint Blvd.

Suite, Apt. #, etc.



04222005 Chg-LP CR2E003 (10/03)

City & State
Charlotte, NC

City & State
Charlotte, NC

Zip
28273-8110

Country
USA

Zip
28273-8110

Country
USA

4. FEI Number
52-1722490

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. \$2.00

10. Amount of Capital Contributions
in FLORIDA to date. \$2.00

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 # B99000000272
NAME INDIANTOWN PROJECT INVESTMENT PARTNERSHIP,
STREET ADDRESS 7600 WISCONSIN AVE
CITY-ST-ZIP BETHESDA, MD 208146161

STREET ADDRESS 9405 Arrowpoint Blvd.
CITY-ST-ZIP Charlotte, NC 28273-8110

DOCUMENT # P40675
NAME PALM POWER CORPORATION
STREET ADDRESS 7600 WISCONSIN AVE.
CITY-ST-ZIP CHARLOTTE, NC 282738110

STREET ADDRESS 9405 Arrowpoint Blvd.
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 800855719650
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DOCUMENT #
NAME
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CITY-ST-ZIP

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: Phyllis K. Green Phyllis K. Green 4-27-2005 704-525-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE