

2000 UNIFORM BUSINESS REPORT (UBR)

CU13885
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DOCUMENT # **A31440**

1. Entity Name

CEDAR BAY GENERATING COMPANY, LIMITED PARTNERSHI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -5 AM 9:25

rf



Principal Place of Business

9694 EASTPORT ROAD
JACKSONVILLE FL 32218

Mailing Address

P. O. BOX 26324
JACKSONVILLE FL 32226-6324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1791289

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: **CORPORATION SERVICE COMPANY**
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.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

9. Capital Contributions
as Shown on record.

\$1,600,020.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # **P33621**
NAME **CEDAR BAY COGENERATION, INC.**
STREET ADDRESS **7500 OLD GEORGETOWN RD 13TH FL**
CITY - ST - ZIP **BETHESDA MD 20814**

DOCUMENT # **F93000001526**
NAME **CEDAR II POWER CORPORATION**
STREET ADDRESS **50 BEALE STREET**
CITY - ST - ZIP **SAN FRANCISCO CA 94105-1895**

DOCUMENT #
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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

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07/12/00-01013-024
*******535.00 *****535.00**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/00
Date

Daytime Phone #

CR2E003 (9/99)