2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 15 PM 3:48

DOCUMENT # A31440

1. Entity Name
CEDAR BAY GENERATING COMPANY, LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
9694 EASTPORT ROAD JACKSONVILLE, FL 32218	P. O. BOX 26324 JACKSONVILLE, FL 32226

03152004 Chg-LP CR2E003 (10/03)

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$1,600,020.00	1,600,020.00

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 #	P33621	STREET ADDRESS	7600 Wisconsin Avenue
NAME	CEDAR BAY COGENERATION, INC.	CITY-ST-ZIP	Bethesda, MD 20814-3657
STREET ADDRESS	7500 OLD GEORGETOWN RD 13TH FL		
CITY-ST-ZIP	BETHESDA, MD 20814		
DOCUMENT #	F93000001526	STREET ADDRESS	
NAME	CEDAR II POWER CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	9405 ARROWPOINT BOULEVARD		
CITY-ST-ZIP	CHARLOTTE, NC 282738110		
DOCUMENT #		STREET ADDRESS	100035806921 05/10/04--01044--018 **535.00
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: Morris L. Meltzer 4/1/04 301-280-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Assistant Controller — Date — Daytime Phone #