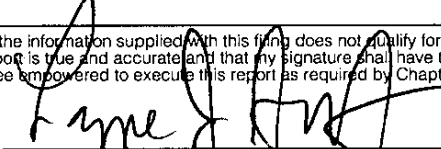


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B96000000329 1. Entity Name DYNEGY MIDSTREAM SERVICES, LIMITED PARTNERSHIP						FILED 2005 JUN 28 AM 10:25 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Place of Business 1000 LOUISIANA, SUITE 5800 ATTN: TAX DEPT. HOUSTON, TX 77002				Mailing Address 1000 LOUISIANA, SUITE 5800 ATTN: TAX DEPARTMENT HOUSTON, TX 77002			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 76-0507891			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable			
9. Capital Contributions as Shown on record. \$250,000.00				10. Amount of Capital Contributions in FLORIDA to date. \$ 33,592,000			
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 # NAME STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Lorne J. Albert			
DATE				DATE			
DAYTIME PHONE #				DAYTIME PHONE #			

STAPLE CHECK HERE

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(913) 507-3695