


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90760 035 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M00000001929

1. Entity Name
FORT PIERCE REPOWERING PROJECT, LLC



Principal Place of Business
 1400 SMITH STREET
 HOUSTON, TX 77002

Mailing Address
 1650 HIGHWAY 6
 SUITE 100
 SUGAR LAND, TX 77478

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **52-0406201** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
 626 E. PARK AVENUE
 TALLAHASSEE, FL 32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/ MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, L DON 1400 SMITH STREET HOUSTON, TX 77002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Schneider, Charles E. 1400 Smith St. Houston TX 77002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DESPAIN, TIMOTHY A 1400 SMITH STREET HOUSTON, TX 77002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINTZ, JORDAN H 1400 SMITH STREET HOUSTON, TX 77002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OVERTURF, ELAINE V 1400 SMITH STREET HOUSTON, TX 77002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLE, KATE B 1400 SMITH STREET HOUSTON, TX 77002 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUSCH, SUSAN K 1400 SMITH STREET HOUSTON, TX 77002 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Gregory H. Apple* **Gregory H. Apple** 4/10/03 (281) 565-7905
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRF2003 (10/02)