


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # B94000000249					
1. Entity Name GATOR GENERATING COMPANY, 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1890567	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$21,273,032.00					
10. Amount of Capital Contributions in FLORIDA to date. 21,273,032					
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 # F94000003425	NAME HERON POWER CORPORATION		STREET ADDRESS	05/06/05-80013-024 535.00	
STREET ADDRESS 7500 OLD GEORGETOWN ROAD	CITY-ST-ZIP BETHESDA, MD 20814		CITY-ST-ZIP		
DOCUMENT # F94000003426	NAME CYPRESS POWER CORPORATION		STREET ADDRESS		
STREET ADDRESS 50 BEALE STREET	CITY-ST-ZIP SAN FRANCISCO, CA 94105		CITY-ST-ZIP		
DOCUMENT # G94196900031	NAME LAKE POWER LEASING PARTNERSHIP		STREET ADDRESS		
STREET ADDRESS 316 ROYAL POINCIANA PLAZA	CITY-ST-ZIP PALM BEACH, FL 33480		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		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: <i>Monica L. McHale</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
DATE: 4/13/05			Daytime Phone #: 301-280-6800		

STAPLE CHECK HERE