


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016720 AT

DOCUMENT # A00000001333 1. Entity Name ORION POWER ATLANTIC, LTD.	
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FILED

03 MAY -2 PM 6:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business 1111 LOUISIANA STREET HOUSTON TX 77002	Mailing Address 145 NW CENTRAL PARK PLAZA, SUITE 101 PORT ST. LUCIE FL 34986
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2. Principal Place of Business 1111 LOUISIANA Suite, Apt. #, etc.	3. Mailing Address PO BOX 1410 Suite, Apt. #, etc.	DUE BY MAY 1, 2003
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City & State HOUSTON TX	City & State HOUSTON TX	4. FEI Number 52-2361910	Applied For <input type="checkbox"/> Not Applicable
Zip 77002 Country USA	Zip 77251-1410 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$35,369,259.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	L00000010346	STREET ADDRESS	300017917293
NAME	ORION POWER ATLANTIC LLC	CITY-ST-ZIP	05/02/03--01118--018 **526.25
STREET ADDRESS	1111 LOUISIANA STREET	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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:  **REQUIRED** 4/24/03 (713) 497-3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)