


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016720 AT

<b>DOCUMENT #</b> A00000001333 1. Entity Name <b>ORION POWER ATLANTIC, LTD.</b>	
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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 <b>1111 LOUISIANA</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO BOX 1410</b> Suite, Apt. #, etc.	<b>DUE BY MAY 1, 2003</b>
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City & State <b>HOUSTON TX</b>	City & State <b>HOUSTON TX</b>	4. FEI Number <b>52-2361910</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>77002</b> Country <b>USA</b>	Zip <b>77251-1410</b> Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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