

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17819**

1. Entity Name

**FLORIDA ENERGY PARTNERS LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 12 AM 10:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER  
CAMBRIDGE MA 02142

Mailing Address

% FIRST WINTHROP CORPORATION  
FIVE CAMBRIDGE CENTER  
CAMBRIDGE MA 02142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**04-2816325**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$11,815,170.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P04504**  
NAME **WINTHROP ENERGY MGMT INC**  
STREET ADDRESS **FIVE CAMBRIDGE CENTER 9TH FL**  
CITY-ST-ZIP **CAMBRIDGE MA**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100003398661--2**  
**-09/20/00--01007--005**  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*By: Wintthrop Energy Management, Inc., general partner*  
*BY: Alison Tomes, Ass't Secretary 9/7/00 822 0022*  
*Alison Tomes*

Date

Daytime Phone #

CR2E003 (5/00)