	A 4 704	7		(,	
DOCUMENT # A17819  1. Entity Name					FILED
FLORIDA ENERGY PARTNERS LIMITED PARTNERSHIP					02 FEB 19 AM 9: 36
Principal Place of Business Mailing Address  * FIRST WINTHROP CORPORATION			ORATIO	N	SECRETARY OF STATE TALLAHASSEE, FLORIDA
		CAMBRIDGE MA 02142			
3. Mailing Address 4. Mailing Address 5. Mailing Address 6. Mailing Ad				ace	
100 KO ROX 4204 1200 KO ROX			99	<u> </u>	DUE BY MAY 1, 2002  Applied For
Boston	, MA	Boston, M	1A		04-2816325   Not Applicable
DZ114-	9507 COUNTYS A	02/14-9507	Count	SA	5. Certificate of Status Desired See Required
	6. Name and Address of Current I	Registered Agent	- · · ·	Name	7. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC.  Street Ad				Street Addre	ess (P.O. Box Number is Not Acceptable)
1201 HAYS STREET SUITE 105					
TALLAHASSEE FL 32301				City	FL Zip Code
8. The above	named entity submits this statement for	the purpose of changing its re	egistere	ed office or reç	gistered agent, or both, in the State of Florida.
SIGNATURE _					DATÉ
Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions \$11,815,170.00  10. Amount of Capital Contributions in ELORIDA to date				outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE
as Shown o	A GENERAL PARTNER T	in FLORIDA to dat	ITY M	UST BE REC	SEE REVERSE SIDE FOR FEE INFORMATION 6
12.	NOTE: General Partners MA  GENERAL PARTNER	Y NOT be changed on the	form 13.	; an amend	ment must be filed to change a general partner.
DOCUMENT #	P04504 WINTHROP ENERGY MGMT INC		STRE	ET ADDRESS	7 Bulfinch Place, Suite 500
NAME STREET ADORESS CITY-ST-ZIP	FIVE CAMBRIDGE CENTER 9TH CAMBRIDGE MA	FL	CITY-	-ST-ZIP	—— PO Box 9507  Boston, MA 02114-9507
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP	
DOCUMENT./ NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP	****526.25 *****526.25
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT#			STRE	ET ADDRESS	
NAME				<u> </u>	
			CITY	-ST-ZIP	
NAME STREET ADDRESS			1	-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT NAME STREET DORESS CITY 31-ZIP			STRE	EET ADDRESS -ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT NAME STREET ODRESS CITY-ST-ZIP 14. I hereby conditionated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this structure.	that my signature shall have tr	CITY the exercise same	-ST-ZIP mption stated e legal effect a Florida Statute	in Section 119.07(3)(i), Florida Statutes. I further certify that the information as if made under oath; that I am a General Partner of the limited partnership or SPAQIAI PAITNETS