2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OF PRINCED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A24255 1. Entity Name FIRST RESERVE LIMITED PARTNERSHIP-1988				SECRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business 9200 SOUTH DADELAND BLVD SUITE 225 MIAMI FL 33156 Miami FL 33156 Miami FL 33156			ND BLVD SUITE 225	00,FEB -2 PM 2: 02	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0064581 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent	
~ · `			Name	~~	
CUMMINGS, F. ALAN CUMMINGS LAW FIRM 1004 DESOTO PARK DR.			Street A	Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301			City	FL Zip Code	
8. The above	named entity submits this statement	for the purpose of changing	its registered office o	or registered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable.	NOTE: Registered Agent signal	iture required when reinstating) DATE	
9. Capital Contributions as Shown on record. 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 NOTE: General Partners N	THAT IS A BUSINESS	ENTITY MUST BE	REGISTERED AND ACTIVE WITH THIS OFFICE. endment must be filed to change a general partner.	
12.		ER INFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P95000008523 GWEC INVESTORS, INC.		STREET ADDRESS	STREET ADDRESS 0000031232309 -02/03/0001103007 *****535.00 *****535.00	
STREET ADDRESS CITY-ST-ZIP	9200 SOUTH DADELAND BLVI MIAMI FL 33156	J., SUITE 225	CITY-ST-ZIP	*****535.00 *****535.00 *****	
Document # Name	1		STREET ADDRESS		
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STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
indicated	certify that the information supplied w on this report is true and accurate ar er or trustee empowered to execute	nd that my signature shall ha	ve the same legal effe	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information set as if made under oath; that I am a General Partner of the limited partnership or stutes	

1/31/00 (305) 670-7585

Daytime Phone #

Date