

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # A31440

1. Entity Name
CEDAR BAY GENERATING COMPANY, LIMITED PARTNERSHIP



Principal Place of Business
**9405 ARROWPOINT BLVD
CHARLOTTE, NC 28273-8110**

Mailing Address
**9405 ARROWPOINT BLVD
CHARLOTTE, NC 28273-8110**



03132008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
52-1791289

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

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

DOCUMENT # **P33621**
NAME **CEDAR BAY COGENERATION, INC.**
STREET ADDRESS **9405 ARROWPOINT BLVD**
CITY-ST-ZIP **CHARLOTTE, NC 282738110**

DOCUMENT # **F93000001526**
NAME **CEDAR II POWER CORPORATION**
STREET ADDRESS **9405 ARROWPOINT BOULEVARD**
CITY-ST-ZIP **CHARLOTTE, NC 282738110**

DOCUMENT #
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U000000879127
04/15/08-80008-003 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**Thomas J. Bonner
President**

Date

Daytime Phone #

STAPLE CHECK HERE