FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

740

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Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** 1. Name of Limited Partnership A92000000283 OSCEOLA POWER LIMITED PARTNERSHIP 3. Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 01/13/1993 316 ROYAL POINCIANA PLAZA 316 ROYAL POINCIANA PLAZA \$418,490.00 PALM BEACH FL PALM BEACH FL 3a. Date of Last Report 11/27/1995 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address \$418,490.00 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEt Number Applied For 65-0464693 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Ζiρ Country Zin Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 10. If changed, new Registered Agent/Office Name and Address of Current Registered Agent Name TARR. WILLIAM F Street Address (P.O. Box Number Is Not Acceptation 2021945 -- 01031 -- 015 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 ****576.25 Suite, Apt. #, etc. Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620,192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE Address of Each General Partner 11a. (Do NOT Use Post Office Box Numbers) 11b. Registration/ 11. Name(s) of General Partner(s) City, State & Zip Code 11c. Document Number **GLADES POWER PARTNERSHIP** 316 POINCIANA PLAZA PALM BEACH FL 33480 G94196900032 Erik J. Blomqvist, as Vice President of North Bay Power Management, Inc., a Florida corporation, a General Partner of Glades Power Partnership, a Florida general partnership, the General Partner of Osceola Power Limited Partnership

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12.	to hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of
	Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on
	this annual report is true and accurate and that my signature shall have the same legal effects as if made under path (further certify that I am a General Partner of the limited partnership receives or trustee
	this annual report is true and accurate and that my singature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as field or a field of the limited partnership. Fig. 4. Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

| Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form | Signing Form

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