

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

98 SEP 21 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**

**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

**1a. DOCUMENT #
A98000001565**

POINTSETT POWER PROJECT, LIMITED PARTNERSHIP



Mailing Address
250 WEST PRATT STREET, 23RD FLOOR
BALTIMORE MD 21201-2423

Principal Office Address
250 WEST PRATT STREET, 23RD FLOOR
BALTIMORE MD 21201-2423

3. Date Formed or Registered
06/25/1998

**5a. Capital Contributions as
Shown on record.**
\$99.00

3a. Date of Last Report

**5b. Amount of Capital
Contributions in FLORIDA
to date:**

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number Applied For
52-2112456 Not Applicable

City & State

City & State

7. Certificate of Status Desired \$8.75 Additional
Fee Required

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)
\$141.25

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

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)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

11b. City, State & Zip Code

**11c. Registration/
Document Number**

CP POINTSETT I, INC.

250 WEST PRATT STREET

BALTIMORE MD 21201-24

F98000002904

500002647415--0
-09/23/98--01079--021
****141.25 ****141.25

dec

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

12. I do 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 oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

9/10/98

CP Pointsett I, Inc.
Dan R. Skowronski, Secretary

Daytime Telephone Number

(410) 783-2814

CR2E003 (8/98)