

A98000001565

APPROVED
AND
FILED

10/13

03 OCT 14 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **A98000001565**

1. Name of Limited Partnership
Oleander Power Project, Limited Partnership

REINSTATEMENT *2003*

2. Principal Office Address
750 E. Pratt Street

3. Mailing Office Address
750 E. Pratt Street

4. Date Formed or Registered To Do Business in Florida
6/25/98

Suite, Apt. #, etc.

5. FEI Number
52-2112456

City & State
Baltimore, MD

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Zip Country
21202 U.S.

7a. Capital Contributions as shown on Record:
\$99.00

B. Name and Address of Current Registered Agent

7b. Amount of Capital Contributions in FLORIDA to date:
0

Name
CT Corporation System

FEES:
1. Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1998 calendar year.
3. Penalty Fee(s): \$500 penalty fee for each year report form is due.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City State Zip Code
Plantation FL 33324

9. Pursuant to the provisions of sections 620, 1001 and 630 192, 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.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
Connie Bryan 10/13/2003

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.

10. Name(s) of General Partner(s) Address of Each General Partner (Do NOT Use Post Office Box Numbers) City, State and Zip Code 10a. Registration Document Number

CP Oleander I, Inc.	750 E. Pratt Street	Baltimore, MD 21202	F98000002904
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JBH

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

11. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(1)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information included 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 630, Florida Statutes.

By: **CP Oleander I, Inc., General Partner**
SIGNATURE *Steven Miller* DATE **10/13/03**

Typed or Printed Name of General Partner Signing Form **Steven Miller, Secretary** Telephone Number **410-783-3312**

CREDES (10/03)

2002

Florida Department of State
Division of Corporations
Public Access System

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LIMITED PARTNERSHIP REINSTATEMENT

OLEANDER POWER PROJECT, LIMITED PARTNERSHIP

Certificate of Status	1
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