2004	IINIEODM	BUIGINEGE	DEDORT	/IIRR\
200 1	UNIFURM	BUSINESS	REPURI	(UDM)

DOCUMENT # B9400000249 1. Entity Name					And the second s	81 AF	
GATOR GENERATING COMPANY, LIMITED PARTNERSHIP					FILED		
Principal Place of Business 7500 OLD GEORGETOWN ROAD BETHESDA MD 20814-6161			Mailing Address 7500 OLD GEORGETOWN ROAD BETHESDA MD 20814-6161		SEC	FEB -5 AM 11: 04 CRETARY OF STATE LAHASSTE FLORIDA	
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State	City & State			4. FEI Number 52-1890567 Applied For Not Applicable	}
Zip	Country	Zip	Cour	ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of C	Current Registered Agent				7. Name and Address of New Registered Agent]
CORPORATION SERVICE COMPANY				Name Street Address (P.O. Box Number is Not Acceptable)			
1201 HAYS STREET TALLAHASSEE FL 32301-2525							1
				City		FL Zip Code	
8. The above	named entity submits this state	ment for the purpose of changing its	s register	ed office o	r registe	tered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of register	ered agent and title if applicable. (NOT	E: Registere	ad Agent signal	ture required	ired when reinstating) DATE	
9. Capital Co	MZ L.C. D.U.J.	2.00 10. Amount of Capit in FLORIDA to c		butions		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PART	TNER THAT IS A BUSINESS EN	NTITY N	IUST BE	REGIS endmer	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.		ARTNER INFORMATION	13,			ADDRESS CHANGES ONLY]_
NAME	F94000003425 HERON POWER CORPORATION 7500 OLD GEORGETOWN ROAD BETHESDA MD 20814		STR	EET ADDRESS			R2E003 (11/00)
CITY-ST-ZIP			CITY	(-ST-ZIP	ļ .	0000036780005	
NAME	CONTRACT CONTRACTOR		STR	eet address		-02/14/0101003005 ****535.00 ****535.00	5
			CITY	/-ST-ZIP			-
DOCUMENT / G94196900031 NAME LAKE POWER LEASING PARTNERSHIP		STR	EET ADDRESS			-	
	316 ROYAL POINCIANA PL PALM-BEACH FE-33480	.AZA	CIT	Y-ST-ZIP			<u>-</u>
DOCUMENT # NAME			STR	EET ADDRESS			
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DOCUMENT / NAME		STR	EET ADDRESS	<u></u>		-	
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DOCUMENT # NAME .			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP			-
indicated	on this report is true and accur	lied with this filing does not qualify to ate and that my signature shall have ecute this report as required by Char CORPORATION	i the sam	ie legal ette	ect as it r	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or	

SIGNATURE: BY SIGNATURE AND TYPED OR PREMITED NAME OF SHOWING GENERAL PARTITURE OF THE OF THE