2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

APPRUVIC **DOCUMENT # B94000000249** 04 MAY -4 PM 5: 19 GATOR GENERATING COMPANY, LIMITED **PARTNERSHIP** SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7500 OLD GEORGE TOWN ROAD 7500 OLD GEORGE TOWN ROAD BETHESDA, MD 20814-6161 BETHESDA, MD 20814-6161 3. Mailing Address 1600 Wisconsin Suite, Apt. #, etc. 03172004 . Cha-LP · CR2E003 (10/03) 4. FEI Number Applied For 52-1890567 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code 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 9. Capital Contributions 10. Amount of Capital Contributions \$21,273,032.00 as Shown on record! in FLORIDA to date 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY F94000003425 DOCUMENT # STREET ADDRESS HERON POWER CORPORATION NAME 7600 Wisconsin Avenue STREET ADDRESS 7500 OLD GEORGETOWN ROAD CITY-ST-ZIP Bethesda, MD 20814-3657 CITY-ST-ZIP BETHESDA, MD 20814 F94000003426 DOCUMENT ≱ STREET ADDRESS NAME CYPRESS POWER CORPORATION 7600 Wisconsin Avenue STREET ADDRESS **50 BEALE STREET** Bethesda, MD 20814-3657 CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO, CA 94105 DOCUMENT # G94196900031 STREET ADDRESS LAKE POWER LEASING PARTNERSHIP NAME 7600 Wisconsin Avenue STREET ADDRESS 316 ROYAL POINCIANA PLAZA Bethesda, MD 20814-3657 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 33480 DOCUMENT # STREET ADDRESS NAME nnooss55 STREET ADDRESS 05/18/04--01055--002 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ξ.**‡**:UMENT# STREET ADDRESS NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CHECK