2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # B94000000249

1. Entity Name
GATOR GENERATING COMPANY, LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
7600 WISCONSIN AVE BETHESDA, MD 20814	7600 WISCONSIN AVE BETHESDA, MD 20814

04122005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-1890567 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P O Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. $21,273,032.00

10. Amount of Capital Contributions in FLORIDA to date. 21,273,032

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F94000003425	STREET ADDRESS	
NAME	HERON POWER CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD		
CITY-ST-ZIP	BETHESDA, MD 20814		
DOCUMENT #	F94000003426	STREET ADDRESS	000000352791 05/06/05-80013-024 535.00
NAME	CYPRESS POWER CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	50 BEALE STREET		
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		
DOCUMENT #	G94196900031	STREET ADDRESS	
NAME	LAKE POWER LEASING PARTNERSHIP	CITY-ST-ZIP	
STREET ADDRESS	316 ROYAL POINCIANA PLAZA		
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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

SIGNATURE: Morris L. McHaye Morris L. McHaye 4/13/05 301-280-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #