

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 22 AM 10:58

*with  
12/30*



1. Name of Limited Partnership <b>ESI CHEROKEE COUNTY, L.P.</b>	1a. DOCUMENT # <b>B9700000013</b>
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Mailing Address <b>Suite 600 11760 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408</b>	Principal Office Address <del>C/O FLORIDA POWER &amp; LIGHT 6250 WEST FLAGLER STREET MIAMI FL 33174</del> <b>11760 US Highway One, Ste. 600 North Palm Beach, FL 33408</b>	3. Date Formed or Registered <b>01/07/1997</b>	5a. Capital Contributions as Shown on record. <b>\$99.00</b>
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date. <b>-0-</b>
City & State	City & State	4. State or Country of Formation <b>DE</b>	6. FEI Number <b>58-2279401</b>
Zip Country	Zip Country	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent <b>ESI CHEROKEE GP, INC. C/O ESI ENERGY, INC. 11760 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408</b>	10. If changed, new Registered Agent/Office Name <b>LEON, J. E.</b> Street Address (P.O. Box Number Is Not Acceptable) <b>9250 West Flagler Street</b> Suite, Apt. #, etc. City <b>Miami</b> FL Zip Code <b>33174</b>
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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) *[Signature]* DATE **12/17/97**

**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) <b>ESI CHEROKEE GP, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>11760 U.S. HIGHWAY ON</b>	11b. City, State & Zip Code <b>NORTH PALM BEACH FL 3</b>	11c. Registration/Document Number <b>P95000021538</b>
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**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 *Kenneth P. Hoffman* DATE \_\_\_\_\_  
 Typed or Printed Name of General Partner Signing Form **Kenneth P. Hoffman, Vice President** Daytime Telephone Number **(561) 691-3500**

CR2E003 (6/97)