

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001857

FILED
Apr 26, 2004
Secretary of State

Entity Name: EP POWER FINANCE, L.L.C.

Current Principal Place of Business:

1001 LOUISIANA STREET
ATTN: STATE TAX - SUITE #E1241B
HOUSTON, TX 77002

Current Mailing Address:

PO BOX 2511
ATTN: STATE TAX - SUITE #E1241B
HOUSTON, TX 772522511

New Principal Place of Business:

1001 LOUISIANA STREET
ATTN: STATE TAX - SUITE #E1241B
HOUSTON, TX 770025089 US

New Mailing Address:

PO BOX 2511
ATTN: STATE TAX - SUITE #E1241B
HOUSTON, TX 772522511 US

FEI Number: 63-1011354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: EL PASO MERCHANT ENE, RGY NORTH AMER I CA, CO.
Address: 1001 LOUISIANA STREET
City-St-Zip: HOUSTON, TX 77002

Title: MGRM () Delete
Name: LUNT, LUCY C
Address: 1001 LOUISIANA STREET
City-St-Zip: HOUSTON, TX 77002

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUCY C. LUNT-EPMENACO-MEMBER MANAGED

AS

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date