2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Feb 23, 2004 8:00 am **Secretary of State** DOCUMENT # M01000002768 1. Entity Name 02-23-2004 90346 022 ****50.00 TXU PORTFOLIO OPTIMIZATION COMPANY LLC Principal Place of Business Mailing Address 1601 BRYAN ST. 1601 BRYAN ST. DALLAS TX 75201 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State Applied For 4. FEI Number 26-0022214 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGP Mar X Addition Delete TITLE Change NAME 👡 DICKIE, BRIAN N NAME STREET ADDRESS 1601 BRYAN ST. STREET ADDRESS CITY-ST-ZIP DALLAS TX 75201 CITY-ST-ZIP MGR ☐ Change TITLE . ☐ Delete TITLE ☐ Addition MCNALLY, MICHAEL J NAME NAME STREET ADDRESS 1601 BRYAN ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME NYE, ERLE STREET ADDRESS STREET ADDRESS 1601 BRYAN ST. CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 TITLE ☐ Delete TITLE Change ☐ Addition PETERSON, ERIC H NAME NAME 1601 BRYAN STREET STREET ADDRESS STREET ADDRESS DALLAS TX 75201-3411 CITY-ST-ZIP C!TY-ST-ZIP Delete Mar Change Addition WOOLDRIDGE, R.A. 1. Dun Farell 160 BRYAN ST. 1601 Bryan Street STREET ADDRESS STREET ADDRESS DALLAS TX 75261 CITY-ST-ZIP CITY-ST-ZIP Dulla Tx 75201 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 acceptate and that my signature shall have the same legal effect as if made under coath; that I am a managing member or manager of the limited liability company or the received or trusted to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MENAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

timited liability company or the reci

SIGNATURE:

FILED

2/6/04 (214) 8126640