
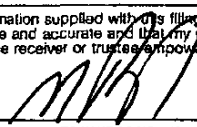


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90068 027 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000002360		
1. Entity Name ORLANDO POWER GENERATION I LLC		
Principal Place of Business C/O ATLANTIC POWER HOLDINGS, LLC 200 CLARENDON STREET, 55TH FLOOR BOSTON, MA 02117		Mailing Address C/O CAITHNESS CORPORATION 565 FIFTH AVENUE, 29TH FLOOR NEW YORK, NY 10017
DO NOT WRITE IN THIS SPACE		
		01032006 No Chg-LLC CR2E083 (11/05)
4. FEI Number 48-1120961		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TETON POWER FUNDING, LLC C/O ATLANTIC PWR 200 CLARENDON ST, 55TH FL BOSTON, MA 02117	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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:  APR 19/06 617-531-6372		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>