

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90308 003 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # M04000002360</b>   |   |   |  |
| 1. Entity Name<br>ORLANDO POWER GENERATION I LLC   |   |  |  |
| Principal Place of Business<br>C/O ATLANTIC POWER HOLDINGS, LLC<br>200 CLARENDON STREET, 55TH FLOOR<br>BOSTON, MA 02117  |   | Mailing Address<br>C/O CAITHNESS CORPORATION<br>565 FIFTH AVENUE, 29TH FLOOR<br>NEW YORK, NY 10017                               |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |
| City & State   |   | City & State   |  |
| Zip  | Country   | Zip  | Country  |
| 4. FEI Number<br>48-1120961  |   | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |   | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   | 10. ADDITIONS/CHANGES  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>TETON POWER FUNDING, LLC C/O ATLANTIC PWR<br>200 CLARENDON ST, 55TH FL<br>BOSTON, MA 02117 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR M<br>TETON POWER FUNDING, LLC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>C/O ATLANTIC PWR<br>200 CLARENDON ST, 25th Floor<br>BOSTON, MA 02116 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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:    |   | 4-3-07 617-977-2701  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Date Daytime Phone #   |  |