FILED May 03, 2004 8:00 am Secretary of State

Daytime Phone #

	2004 LIMITED LIABILITY COMPAN	ľ
1	ANNUAL REPORT	

1. Entity Nam	MENT # M99000000 OBEE GENERATING COMF			05-03-2004 90149 043 ***158.75			
BETHESDA, N	EORGE TOWN ROAD, 13TH FLOOR MD 20814-6161 lace of Busingss O WISCORSIA NVR	Mailing Address 7500 OLD GEORGE TOWN BETHESDA, MD 20814 3. Mailing Address Suite, Apt. #, etc.		24064408 03172004 Chg-LLC CR2E083 (10/03)			
Cin 3 State	thesda (U)	Conversiate MI) Zip Country		4. FEI Number Applied For S2-2173679 Not Applicable \$5.00 Additional			
2081	4	20814		Fee Required			
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent			
1201 HAY	ATION SERVICE COMPANY S STREET SSEE, FL 32301-2525		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
8 The above	named entity submits this statement for	the nurnose of changing its	registered office or regis	istered agent, or both, in the State of Florida. I am familiar with, and accept.			
	ions of registered agent.	the purpose of changing its	Togistered office of regic	issered agont, or both, in the state of horizon. I am normal with, and accept			
SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE	Registered Agent signature requ	quired when reinstating) DATE			
Fi Di	iling Fee is \$50.00 ue by May 1, 2004			Make check payable to Florida Department of State			
9.	MANAGING MEMBER	I S/MANAGERS	10.	ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PG & E GENERATING ENERGY H 7500 OLD GEORGETOWN ROAD BETHESDA, MD 208146161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	National Energy Generating Holdings, Inc. 7600 Wisconsin Avenue Bethesda, MD 20814-3657			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OKEECHOBEE POWER CORPOR 7500 OLD GEORGETOWN ROAD BETHESDA, MD 208146161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition 7600 Wisconsin Avenue Bethesda, MD 20814-3657			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST,-ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition			
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 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: Normax: Manager Man							