2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jul 26, 2004 8:00 am Secretary of State

DOCUMENT # M9900001015 1. Entity Name RELIANT ENERGY OSCEOLA, LLC						07-26-2004 90135 050 ****50.00				
	1 3									
Principal Place of Business 1111 LOUISIANA		Mailing Address P.O. BOX 1410								
HOUSTON, TX 7700	2 !	HOUSTON, TX 7725	51-1410							
2. Principal Place of B		3. Mailing Address								
1000 main		P.O. Box 1384					BITA INTII MAIST A'ESII PAI	17 BBILL BB381 IIBII B	8181 H361 BK	30! 100)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07192004	Chg-LLC	CR2E083	(10/03)	
City & State Houston Texas		City & State Houston Texas				4. FEI Number 76-0616	342	Applied For Not Applicable		
Zip 77 002	Country	Zip 77251=1384	Count	ry	455_ 2.		f Status Desired		.00 Add	itional
	ame and Address of Current F		Har	115		7. Name and A	Address of New R		•	
CORPORATION SERVICE COMPANY				Name						
1201 HAYS STRI TALLAHASSEE,	EET	Street Address			dress (P.	(P.O. Box Number is Not Acceptable)				
	и ф і, а	City				FL Zip Code				
8. The above named of the obligations of re	ëntity submits this statement for egistered agent.	the purpose of changing	its registere	d office or r	egistered	d agent, or both	, in the State of Flo	- <u>—</u> _I orida. I am faл	iliar with,	and accept
SIGNATURE	typed or printed name of registered agent a	nd title if applicable. (7	NOTE: Registered	Agent signature	e required w	hen reinstating)		DATE		
•	•				<u> </u>	<u> </u>				
Filing Fe Due by Sep	e is \$50.00 tember 8, 2004					Make check payable to Florida Department of State				
9.	MANAGING MEMBER		10.		C I_ I	Managar	ADDITIONS		3 0	
TITLE MGR NAME DIVIN	ੂੰ : E, J. DOUGLAS	🔀 Delete	TITLE Name			manager + W. Ho	ir vey	D	Change	☐ Addition
	LOUISIANA STON, TX 77002				House	, Main Stan Te	xas 970	02		
TITLE MGR	1	☑ Delete	TITLE		11045	, , ,	- AGO 11-		Change	Addition
	, JOHN R LOUISIANA		NAME STREE	ET ADDRESS						
	STON, TX 77002			·ST-ZIP						
TITLE MGR	JAN, CURTIS'A	Delete	TITLE NAME			-			Change	Addition
	LOUISIANA			ET ADDRESS			,	·		
	STON, TX 77002			ST-ZIP			·			
TITLE NAME	•	☐ Delete	TITLE					L] Change	Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE	1	☐ Delete	TITLE					Σ	Change	☐ Addition
NAME STREET ADDRESS	4		NAMI STRE	E Et address						
CITY-ST-ZIP	· ?			-ST-ZIP		<u> </u>				
TITLE	1	☐ Delete	TITLE NAMI] Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	4		STRE	ET ADDRESS -ST-ZIP						
11. I hereby certify th	at the information supplied with	this filing does not qualify	v for the exe	mption state	ed in Sec	ction 119.07(3)(i), Florida Statutes.	I further certify	that the i	nformation
indicated on this of limited liability con	report is true and accurate and mpany or the receiver or trustee	that my signature shall ha erypowered to execute t	ave the same this report as	e legal effect required by	t as if ma y Chapte	ade under oath: er 608, Florida S	that I am a mana tatutes.	ging member o	or manage	er of the
		/ / /	_					. / .		
SIGNATURE	TURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER	, MANAGER, OR	AUTHORIZED		tarvey	07/20/200	54 (713) Dash	477 -: me Phone #	7461