

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001942

FILED
Mar 12, 2004
Secretary of State

Entity Name: LAKE WORTH GENERATION LLC

Current Principal Place of Business:

432 COLLEGE ST.
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 531
LAKE WORTH, FL 33460

New Mailing Address:

70 WALNUT STREET
WELLESLEY HILLS, MA 02481

FEI Number: 04-3457999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CHATLOSH, CHARLES
Address: 70 WALNUT ST.
City-St-Zip: WELLESLEY, MA 02481

Title: MGR () Delete
Name: FISHMAN, LARRY
Address: 70 WALNUT ST.
City-St-Zip: WELLESLEY, MA 02481

Title: MGR () Delete
Name: HALL, NED
Address: 2 ALHAMBRA PLAZA
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHATLOSH, BRIAN
Address: 70 WALNUT ST.
City-St-Zip: WELLESLEY, MA 02481

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRIAN CHATLOSH

MGR

03/12/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date