



FPL

October 14, 2005

Florida Power & Light Company, P.O. Box 14000, Juno Beach, FL 33408-0420

U. S. Environmental Protection Agency
Clean Air Markets Division (6204J)
Attention: Designated Representative
1310 L Street, NW
Washington, D. C. 20005

RE: Designated Representative Revision - Florida Power & Light Company

Ladies and Gentlemen:

Effectively immediately, Florida Power & Light Company (FPL) is changing the Acid Rain Designated Representative (DR) with the enclosed revised "Certificates of Representation" from Mr. Jose Alvarez to Mr. R. Bryan Fennell. The affected sites/units covered by this change are: Cutler, Riviera, Putnam, Sanford, Lauderdale, Fort Myers, Port Everglades, Cape Canaveral, Manatee, Martin and Turkey Point. The Alternate Designated Representative for FPL shall remain unchanged.

FPL has published, pursuant to the regulations, in a publication of general circulation, notice of the appointment of Mr. Fennell.

Should you have any questions or comments, please call me at (561) 691-2900 or Michael Szybinski at (561) 691-2898.

Sincerely,

Adalberto Alfonso
Alternate Designated Representative

AA/mjs

Attachments

cc: Errin Pichard - FDEP Tallahassee
David McNeal - Region 4
R. Bryan Fennell
Jose Alvarez
David Cleary
Plant General Managers
CEMS Coordinators
File



United States
Environmental Protection Agency
Acid Rain Program

OMB No. 2060-0258

Certificate of Representation

RECEIVED

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For more information, see instructions and refer to 40 CFR 72.24

MAY 22 2008

This submission is: New Revised (revised submissions must be complete; see instructions)

BUREAU OF AIR REGULATION

STEP 1

Identify the source by plant name, State, and ORIS code.

Plant Name	Martin	State	FL	ORIS Code	006043
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STEP 2

Enter requested information for the designated representative.

Name		R. Bryan Fennell, General Manager Environmental Services			
Address					
P. O. Box 14000 700 Universe Blvd. Juno Beach, Florida 33408-0420					
Phone Number	561-691-2781	Fax Number	561-691-2606		
E-mail address (if available)					
r_b_fennell@fpl.com					

STEP 3

Enter requested information for the alternate designated representative, if

Name		Adalberto Alfonso, Vice President Power Generation – FPL Operations			
Phone Number	561-691-2900	Fax Number	561-691-2606		
E-mail address (if available)					
adalberto_alfonso@fpl.com					

STEP 4

Complete Step 5, read the certifications, and sign and date. For a designated representative of a combustion or process source under 40 CFR part 74, the references in the certifications to "affected unit" or "affected units" also apply to the combustion or process source under 40 CFR part 74 and the references to "affected source" also apply to the source at which the combustion or process source is located.

I certify that I was selected as the designated representative or alternate designated representative, as applicable, by an agreement binding on the owners and operators of the affected source and each affected unit at the source.

I certify that I have given notice of the agreement, selecting me as the 'designated representative' for the affected source and each affected unit at the source identified in this certificate of representation, in a newspaper of general circulation in the area where the source is located or in a State publication designed to give general public notice.

I certify that I have all necessary authority to carry out my duties and responsibilities under the Acid Rain Program on behalf of the owners and operators of the affected source and of each affected unit at the source and that each such owner and operator shall be fully bound by my actions, inactions, or submissions.

I certify that I shall abide by any fiduciary responsibilities imposed by the agreement by which I was selected as designated representative or alternate designated representative, as applicable.

I certify that the owners and operators of the affected source and of each affected unit at the source shall be bound by any order issued to me by the Administrator, the permitting authority, or a court regarding the source or unit.

Where there are multiple holders of a legal or equitable title to, or a leasehold interest in, an affected unit, or where a utility or industrial customer purchases power from an affected unit under life-of-the-unit, firm power contractual arrangements, I certify that:

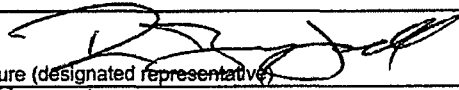
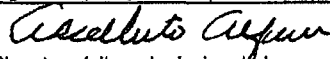
I have given a written notice of my selection as the designated representative or alternate designated representative, as applicable, and of the agreement by which I was selected to each owner and operator of the affected source and of each affected unit at the source; and

Allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in proportion to each holder's legal, equitable, leasehold, or contractual reservation or entitlement or, if such multiple holders have expressly provided for a different distribution of allowances by contract, that allowances and the proceeds of transactions involving allowances will be deemed to be held or distributed in accordance with the contract.

The agreement by which I was selected as the alternate designated representative, if applicable, includes a procedure for the owners and operators of the source and affected units at the source to authorize the alternate designated representative to act in lieu of the designated representative.

Plant Name (from Step 1) **Martin**

I am authorized to make this submission on behalf of the owners and operators of the affected source or affected units for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

Signature (designated representative) 	Date 10/14/05
Signature (alternate designated representative) 	Date 10/10/05

STEP 5
Provide the name of every owner and operator of the source and identify each affected unit (or combustion or process source) they own and/or operate.

Name Florida Power & Light Company						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
PMR1 ID#	PMR2 ID#	PMR8A ID#	PMR8B ID#	PMR8C ID#	PMR8D ID#	ID#	ID#
HRSG3A ID#	HRSG3B ID#	HRSG4A ID#	HRSG4B ID#	ID#	ID#	ID#	ID#

Name						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#

Name						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#

Name						<input type="checkbox"/> Owner	<input type="checkbox"/> Operator
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#
ID#	ID#	ID#	ID#	ID#	ID#	ID#	ID#