

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # A30727

1. Entity Name
INDIANTOWN COGENERATION, L.P., LIMITED PARTNERSHIP



Principal Place of Business
**9405 ARROWPOINT BLVD
CHARLOTTE, NC 28273-8110**

Mailing Address
**9405 ARROWPOINT BLVD
CHARLOTTE, NC 28273-8110**



02282007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1722490

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$800.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **B99000000272**
NAME **INDIANTOWN PROJECT INVESTMENT PARTNERSHIP,**
STREET ADDRESS **9405 ARROWPOINT BLVD**
CITY-ST-ZIP **CHARLOTTE, NC 282738110**

DOCUMENT # **P40675**
NAME **PALM POWER CORPORATION**
STREET ADDRESS **9405 ARROWPOINT BLVD**
CITY-ST-ZIP **CHARLOTTE, NC 282738110**

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U000000580764
04/04/07-80014-018 500.00

**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-26-2007

Date

704-525-3800

Daytime Phone #

Thomas J. Bonner

STAPLE CHECK HERE