


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A30727</b> 1. Entity Name INDIANTOWN COGENERATION, L.P.	
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Principal Place of Business 9405 ARROWPOINT BLVD CHARLOTTE, NC 28273-8110	Mailing Address 9405 ARROWPOINT BLVD CHARLOTTE, NC 28273-8110
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**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-LP CR2E003 (12/06)

4. FEI Number 52-1722490	Applied For Not Applicable
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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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 #	M07000006623
NAME	PALM POWER LLC
STREET ADDRESS	9405 ARROWPOINT BLVD
CITY- ST- ZIP	CHARLOTTE, NC 282738110
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000879128  
04/15/08-80008-004 500.00

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

STAPLE CHECK HERE

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Thomas J. Bonner  
President

April 2, 2008

Date

704-525-3800

Daytime Phone #