

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # A31304</b><br>1. Entity Name<br><b>PASCO COGEN, LTD.</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                                                                                        |                                                                                                                                                                |   |  |
| Principal Place of Business<br><b>702 NORTH FRANKLIN STREET<br/>         PLAZA 8<br/>         TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                                                                                        | Mailing Address<br><b>TECO PLAZA 8<br/>         P.O. BOX 111<br/>         TAMPA, FL 33601-0111</b>                                                             |                                                                                    |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>_____<br>City & State<br>_____<br>Zip _____ Country _____                                                                                                                                                                                                                                                                                                                                                                           |                                           | 3. Mailing Address<br>Suite, Apt. #, etc.<br>_____<br>City & State<br>_____<br>Zip _____ Country _____ |                                                                                                                                                                |  |  |
| 4. FEI Number<br><b>59-3100509</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           |                                                                                                        |                                                                                                                                                                | Applied For<br>Not Applicable                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                                                                                        |                                                                                                                                                                | 01132004 Chg-LP CR2E003 (10/03)                                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>MCDEVITT, SHEILA M<br/>         702 NORTH FRANKLIN STREET<br/>         TECO PLAZA 7 - LEGAL DEPARTMENT<br/>         TAMPA, FL 33602</b>                                                                                                                                                                                                                                                                                                |                                           |                                                                                                        | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ FL Zip Code _____ |                                                                                    |  |
| 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<br>SIGNATURE _____ DATE _____<br><small>(Sign the typed or printed name of registered agent and date, if applicable)</small>                                                                                                                                    |                                           |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| 9. Capital Contributions as Shown on record. <b>\$10,832,920.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           | 10. Amount of Capital Contributions in FLORIDA to date <b>\$10,832,920.00</b>                          |                                                                                                                                                                |                                                                                    |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>                                                                                                                                                                                                                                                                  |                                           |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| 12. GENERAL PARTNER INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                        | 13. ADDRESS CHANGES ONLY                                                                                                                                       |                                                                                    |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A97000001234                              |                                                                                                        | STREET ADDRESS                                                                                                                                                 |                                                                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PASCO PROJECT INVESTMENT PARTNERSHIP, LTD |                                                                                                        | CITY, ST, ZIP                                                                                                                                                  |                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TECO PLAZA 8, 702 N FRANKLIN STREET       |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TAMPA, FL 33602                           |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | P35874                                    |                                                                                                        | STREET ADDRESS                                                                                                                                                 |                                                                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NCP DADE POWER INC.                       |                                                                                                        | CITY, ST, ZIP                                                                                                                                                  |                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 20 WEST NINTH STREET                      |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | KANSAS CITY, MO 64105                     |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                                                        | STREET ADDRESS                                                                                                                                                 |                                                                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                        | CITY, ST, ZIP                                                                                                                                                  |                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                                                        | STREET ADDRESS                                                                                                                                                 |                                                                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                        | CITY, ST, ZIP                                                                                                                                                  |                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                                                                                                        | STREET ADDRESS                                                                                                                                                 |                                                                                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                                        | CITY, ST, ZIP                                                                                                                                                  |                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 partner or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. |                                           |                                                                                                        |                                                                                                                                                                |                                                                                    |  |
| SIGNATURE: <i>S. Mark Rudolph</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                                        | S. Mark Rudolph, Assistant Controller<br>Pasco Power Gp, Inc as General Partner of<br>Pasco Project Investment Partnership, Ltd.<br>(813) 228-1330             |                                                                                    |  |

STAPLE CHECK HERE