

STAPLE CHECK HERE

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED May 06, 2005 08:00 AM Secretary of State

| | Due By | May 1, 2005 |) | , | 7 | May U | o, 2 00 | 5 08:00 |
|--|--|---|------------------------------------|--|---|--|-------------------------------------|--|
| 1. Entity Nar | MENT # A31304 COGEN, LTD. | | | | | Sec | retary | of State |
| Principal Place of Business Mailing Address 702 NORTH FRANKLIN STREET TECO PLAZA 8 PLAZA 8 P.O. BOX 111 TAMPA, FL 33602 TAMPA, FL 33601-01 | | | 11 | | - - - - - - - - - - - - - - - - - - - | 10 7 1 1 768 117 76 17 3 7 | | INEST BINIS WINNEY DI CERS |
| 2. Principal I | Place of Business | 3. Mailing Address | Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03232005 | Chg-LP | CR2E003 | 3 (10/03) | |
| City & State | | City & State | | 4. FEI Number 59-3100 | 500 | | Applied For Not Applicable | |
| Zip 🕴 | Country | Zip | Country | | 1 | Status Desired | | 8.75 Additional |
| | 6. Name and Address of Curren | Registered Agent | 1 | | 7. Name and A | ddress of New R | | <u> </u> |
| MCDEVITT, SHEILA M 702 NORTH FRANKLIN STREET TECO PLAZA 7 - LEGAL DEPARTMENT | | | | Name | | | | |
| | | | | Street Address (| P.O. Box Number | is Not Acceptable |) | |
| TAMPA, FL 33602 | | | City | | | | FL | Zip Code |
| 8. The above | named entity submits this statement for | or the purpose of changing its | registere | d office or register | ed agent, or both, | in the State of Flo | | nillar with, and accept |
| • | ions of registered agent. | | | * * | | | | |
| SIGNATURE | Signature, typod or printed name of registered agent | and tille if applicable | | | | | DATE | |
| 9. Capital Co as Shown | ntributions\$10,832,920.00 | 10. Amount of Capit | al Contrib ate \$ 1 C | outions 0,832,920 | 0.00 | | | |
| | A GENERAL PARTNER | THAT IS A BUSINESS EN | TITY M | UST BE REGIST | ERED AND AC | TIVE WITH TH | S OFFICE. | |
| NOTE: General Partners MAY NOT be changed on that 12. GENERAL PARTNER INFORMATION | | | | , an amenumen | t must be med | ADDRESS CHA | | er. |
| DOCUMENT # NAME STREET ADDRESS | PASCO PROJECT INVESTMENT PAR | | STRE | ET ADDRESS | | | | |
| CITY-ST-ZIP | TAMPA, FL 33602 | | CITY | \$1-2iP | | | | |
| DOCUMENT # NAME | M04000002478 NCP DADE POWER LLC | | STREE | ET ADDRESS | | <u> </u> | <u> </u> | |
| STREET ADDRESS CITY - ST - ZIP | 200 CLAREDON ST., 55TH FLOOR BOSTON, MA 02117 | | | ST-ZIP | 05/06/05-80010-007 526.25 | | | |
| Document # Name | | | STREE | ET ADDRESS | | | | |
| STREET ADDRESS City-St-Zip | | | CITY- | ST-ZIP | | | | |
| DOCUMENT # NAME | | | STREE | ET ADDRESS | | | | |
| STREET ADDRESS City-St-Zip | | | CITY- | ST-ZIP | | | | |
| DOCUMENT # NAME | | | STREE | T ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY- | ST-ZIP | | | | |
| DOCUMENT # NAME | | | STREE | T ADDRESS | | | | |
| STREET ADDRESSS CITY-ST-ZIP | | | CITY | ST-ZiP | | | | |
| (4. I hereby c indicate i the receive | ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute thi | this filing does not qualify for that my signature shall have t s report as required by Chapt | the exem the same ter 620, F | nption stated in Sec legal effect as if ma lorida Statutes | tion 119.07(3)(i), I ade under oath; th | Florida Statutes, I i at I am a General | further certify t Partner of the | that the information limited partnership or |