2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

	1. Entity Name		:A31304 D.						FILE MAY 24 A	IM 9:	•	
	Principal Place 702 NORTH F PLAZA 8 TAMPA, FL 3	FRANKLIN STRE	EET .	Mailing Address TECO PLAZA 8 P.O. BOX 111 TAMPA, FL 33601-01	TECO PLAZA 8		,		CRETARY O Lahassee			
	2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				01032007	Chg-LP	CR2E	2003 (12/06)	
	City & State			City & State				4. FEI Number 59-3100			Applied For Not Applicab	
	Zip Country		Zip			·	5. Certificate o	f Status Desired		\$8.75 Additional Fee Required		
-		6. Name an	d Address of Current	Registered Agent		L		7. Name and A	Address of New R	egistered	Agent	
	MCDEVITT SHEILA M					Name						
	MCDEVITT, SHEILA M 702 NORTH FRANKLIN STREET TECO PLAZA 7 - LEGAL DEPARTMENT					Street Address (P.O. Box Number is Not Acceptable)						
	TAMPA, FL 33602					City					Zip Code	
L						İ., '				FI	└ '	
	The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					ed office or	register	ed agent, or both	, in the State of Flo	orida. I am	n familiar with, and accep	
	FILE NOW!!! FEE IS \$500.00				0.00							
ŀ	After May 1, 2007, 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.											
ŀ	12.		GENERAL PARTNE						ADDRESS CHA			
Ī	DOCUMENT / NAME	A970000012 PASCO PRO		T PARTNERSHIP, LTD		EET ADDRESS	702	North	Frankli	n St	reet	
	STREET ADDRESS CITY-ST-ZIP	703 N. FRAN TAMPA, FL			CITY	- ST - ZIP	Tam	pa, FL				
	DOCUMENT # NAME	M040000024 NCP DADE F			STRE	EET ADDRESS		96/0	00103 1/07010	363 050	6433 16 **500.80	
_	STREET ADDRESS CITY-ST-ZIP			OR	CIIY							
	DOCUMENT # NAME	s			STRE	EET ADDRESS				***************************************		
-	STREET ADDRESS CITY-ST-ZIP				CITY	'-\$1-ZIP						
	NAME STREET ADDRESS				STRE	EET ADDRESS						
HERE!	CITY-ST-ZIP DOCUMENT #				CITY	r-ST-ZIP						
CHECK HERE	NAME STREET ADDRESS					EET ADDRESS						
STAPLE C	CITY-ST-ZIP DOCUMENT #					-SI-ZIP						
STA	NAME STREET ADDRESS	ESS				EET ADDRESS					<i>S</i> X	
	CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for indicated on this report is true and accurate and that my signature shall have to or the receiver or trustee empowered to execute this report as required by Cha				for the ex	xemptions (ct as if m	d in Chapter 119 lade under oath;	, Florida Statutes, that I am a Gener	I further c	ertify that the information of the limited partnership	

Pasco Power GP, Inc., as General Partner
Pasco Project Investment Partnership, LTD.