FILED
Apr 30, 2008 08:00 AM
Secretary of State

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A31304

1. Entity Name
PASCO COGEN, LTD

Principal Place of Business	Mailing Address
14850 OLD STATE RD 23 DADE CITY, FL 33523	C/O CAITHNESS CORPORATION 565 5TH AVE, 29TH FLOOR NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

04142008 No Chg-LP CR2E003 (12/06)

4. FEI Number
59-3100509
☐ 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 _____ 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 #	M04000002478
NAME	NCP DADE POWER LLC
STREET ADDRESS	200 CLARENDON STREET FLOOR 25
CITY-ST-ZIP	BOSTON, MA 02116
DOCUMENT #	M04000002478
NAME	NCP DADE POWER LLC
STREET ADDRESS	200 CLAREDON ST , 55TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02117
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/27/08-80035-011 500.00

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STAPLE CHECK HERE

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: Patrick Welch 4/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #