



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

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

<b>DOCUMENT # A97000001234</b> 1. Entity Name <b>PASCO PROJECT INVESTMENT PARTNERSHIP, LTD.</b>					
Principal Place of Business <b>702 NORTH FRANKLIN STREET          TAMPA, FL 33602</b>			Mailing Address <b>TECO PLAZA 8          P.O. BOX 111          TAMPA, FL 33601-0111</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MCDEVITT, SHELIA M          TECO PLAZA 7 - LEGAL DEPARTMENT          702 NORTH FRANKLIN STREET          TAMPA, FL 33602</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$620,730.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$620,730.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <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 #	P97000042325		STREET ADDRESS		
NAME	PASCO POWER GP, INC.		CITY - ST - ZIP		
STREET ADDRESS	TECO PLAZA 8, 702 N FRANKLIN STREET				
CITY - ST - ZIP	TAMPA, FL 33602				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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)(l), 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 			P. L. Barringer, VP-Controller Date <b>4/21/05</b> 813-228-4781		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>Pasco Power GP, Inc.</b>					



03232005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3455087** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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