

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B04000000530**

1. Entity Name  
**PASCO COGEN REALTY, L.P.**



**Principal Place of Business**

**% PASCO PROJECT INVESTMENT PARTNERSHIP  
702 NORTH FRANKLIN STREET  
TAMPA, FL 33602**

**Mailing Address**

**% PASCO PROJECT INVESTMENT PARTNERSHIP  
702 NORTH FRANKLIN STREET  
TAMPA, FL 33602**



04182006 No Chg-LP

CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-2243426**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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 # **A97000001234**  
NAME **PASCO PROJECT INVESTMENT PARTNERSHIP, LTD.**  
STREET ADDRESS **702 NORTH FRANKLIN STREET**  
CITY-ST-ZIP **TAMPA, FL 33602**

DOCUMENT # **M04000003828**  
NAME **TETON PASCO REALTY, LLC**  
STREET ADDRESS **% 200 CLARENDON ST., 55TH FLOOR**  
CITY-ST-ZIP **BOSTON, MA 02117**

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000000560988  
05/16/06-80061-012 500.00

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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: P.L. Barringer, VP-Controller**

**813-228-4781**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE