

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

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B04000000530		
1. Entity Name PASCO COGEN REALTY L P		
Principal Place of Business 14850 OLD STATE RD 23 DADE CITY, FL 33523		Mailing Address C/O CATHNESS CORPORATION 565 5TH AVE, 29TH FLOOR NEW YORK, NY 10017
DO NOT WRITE IN THIS SPACE		
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 date if applicable		DATE _____
FILE NOW!!! FEE IS \$800.00 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 # NAME STREET ADDRESS CITY ST ZIP	M04000002478 NCP DADE POWER LLC 200 CLARENDON ST 25TH FL BOSTON, MA 02116	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	M04000003828 TETON PASCO REALTY, LLC 6200 CLARENDON ST 24TH FL BOSTON, MA 02116	
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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: <u>Patrick Welch</u>		Date: <u>4/22/08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date



04142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
35-2243426

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

U000000937186
05/27/08-80040-009 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE