FILED

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

	DOCUMENT # B0400000239 1. Entity Name ARROYO ENERGY INVESTORS LP					2005 APR 29 PM 2: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	Principal Place 1205 ORANG CENTER WILMINGTON,	E STREET, C/O CORPORATION TR	Mailing Address JST 16945 NORTHCHASI HOUSTON, TX 7706		UITE 1560			
ŀ	2. Principal Pl	3. Mailing Address	iling Address S. Jefferson Rd.,					
	Suite, Apt.	#, etc.	Suite, Apt. #, etc. N/A	N/A		01042005 Chg-LP	CR2E003 (
	City & State			Whippany, NJ		4. FEI Number 20-0869215		Applied For Not Applicable
ļ	Zip	Country 6. Name and Address of Curre	Zip 07981	Coun	S.A.	Certificate of Status Desired Name and Address of New	Fee	75 Additional Required
ŀ			nt Hagistaled Agent	Na Na		7. Raine and Address of New	redistered Agen	<u>. </u>
	1200 SOU	ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324			Street Address (P.O. Box Number is Not Acceptable)			
					City		FL	Zip Code
	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.							
	Capital Contributions as Shown on record. \$128,400,000.00 10. Amount of Capital Contributions in FLORIDA to date.				butions \$125,65 <u>7</u> ,	545. \$526	5.25	
	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 / F04000003206			13.		ADDRESS CI	HANGES ONLY	
	NAME STREET ADDRESS CITY-ST-ZIP	TEXAS INVESTMENT HOLDINGS INC.			EET ADDRESS			<u></u>
	DOCUMENT #				EET ADDRESS			<u> </u>
_	STREET ADDRESS CITY-ST-ZIP	;s ,			Y-ST-ZIP	, e. v		
	DOCUMENT / NAME			STR	EET ADDRESS	300055 05/23/05010		2 3 *526, 25
	STREET ADDRESS CITY-ST-ZIP			¢m	Y-ST-ZIP			
	DOCUMENT / NAME			STR	EET ADDRESS			
HERE.	STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP	·		
CHECK	DOCUMENT # NAME STREET ADDRESS			STR	REET ADDRESS			
힞	CITY-ST-ZIP DOCUMENT			cm	Y-ST-ZIP			
STAPLE	NAME STREET DORESS CITY-ST-ZIP				Y-ST-ZIP			
	14. I hereby	Certify that the information supplied ton this report is true and accurate ver or trustee empowered to execute	and that my consture chall ha	ave the sam	ne legal effect as if , Florida Statutes	Section 119.07(3)(i), Florida Statutes made under oath; that I am a Gene Oden 04/25/05	eral Partner of the	nat the information limited partnership or