2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # B04000000239 ARRÓYO ENERGY INVESTORS LP OR MAY -6 AM 8: 42 Principal Place of Business Mailing Address 16945 NORTHCHASE DR 115 S. JEFFERSON RD. WHIPPANY, NJ 07981 **SUITE 1560** HOUSTON, TX 77060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 16945 Norhtchase Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04102008 Chg-LP CR2E003 (12/06) Suite 2100 City & State City & State 4. FEI Number Applied For 20-0869215 Houston, TX Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired п 77060 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable. <u>400128357794</u> FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 05/05/08--01008 **500.00 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 13. ADDRESS CHANGES ONLY DOCUMENT # F04000003206 STREET ADDRESS NAME TEXAS INVESTMENT HOLDINGS INC. 16945 Northchase Drive, Suite 2100 STREET ADDRESS 16945 NORTHCHASE DRIVE, SUITE 1560 CITY-ST-ZIP CITY-ST-ZIP Houston, TX 77060 HOUSTON, TX 77060 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

832-601-2600

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David T. Field, Co.Pres. of G.P.