
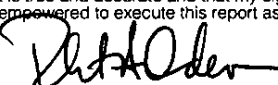


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 JUN 20 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B0400000240			
1. Entity Name MULBERRY POWER HOLDINGS LP			
Principal Place of Business 16945 NORTHCHASE DR, STE 1560 HOUSTON, TX 77060		Mailing Address 16945 NORTHCHASE DR, STE 1560 HOUSTON, TX 77060	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		115 S. Jefferson Rd., Suite, Apt. #, etc. N/A	
City & State		City & State Whippany, NJ	
Zip	Country	Zip	Country
07981	U.S.A.	07981	U.S.A.
4. FEI Number 20-0871196		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$62,200,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$63,118,040. \$526.25	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M04000002214	STREET ADDRESS	900056403979
NAME	ARROYO POWER GP HOLDINGS LLC	CITY-ST-ZIP	06/21/05 01067-013 **526.25
STREET ADDRESS	16945 NORTHCHASE DR, STE 1560		
CITY-ST-ZIP	HOUSTON, TX 77060		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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)(i), 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: 		Robert Oden 04/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE