2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED SECRETARY OF STATE

Due by may 1, 2006							, TALLAHASSEE.FLORIDA			
DOCUMENT # B0400000240 1. Entity Name MULBERRY POWER HOLDINGS LP						08 MAY -6 AM 8: 54				
1	ce of Business THCHASE DR TX 77060		Mailing Address 115 W. JEFFERSON ROAD WHIPPANY, NJ 07981		3 (4 E) (E) (E) (E)	EM 21511 22411 42411 9241) 28 111 82 111 82 112 1	(3)) 3 3 : 4 1 3 3 1 5		
2. Principal Place of Business - No P.O. Box # 16945 Northchase Drive			3. Mailing Address							
Suite, Apt. #, etc. Suite 2100			Suite, Apt. #, etc.			04102008	Chg-LP	CR2E003	(12/06)	
City & State Houston,TX			City & State		4. FEI Number 20-0871			Applied For Not Applicable		
77060	* 1 4	Country	Zip	Count	try	5. Certificate o	f Status Desired		3.75 Additional Required	
	Name and Address of Current Registered Agent					7. Name and A	Address of New R	egistered Age	ent	
O T CORPORATION OVOTERA					Name					
1200 SOU	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)				
.₩					City			FL	Zip Code	
					ered 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		
			Will FEE IS \$500.00 2008, Fee will be \$90	00.00						
			THAT IS A BUSINESS EI AY NOT be changed on t						er.	
12. GENERAL PARTNER INFORMATION					13. ADDRESS CHANGES ONLY					
DOCUMENT / NAME ·	M04000002214 ARROYO POWER GP HOLDING		SLLC		ET ADDRESS 1	DDRESS 16945 Northcha		ase Drive, Suite 2100		
STREET ADDRESS CITY-ST-ZIP	HOUSTON, TX 77060			CITY-	SI-ZIP HO	uston, TX 77060				
NAME				STREI	ET ADDRESS					
STREET ADDRESS - CITY-ST-ZIP				CITY-	ST-ZIP		14 ⁻¹		· -	
NAME					ET ADORESS	50012835536 05/05/0801003034 **500.00				
CITY-ST-ZIP				CITY-	ST-ZIP					
NAME				STREE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		CITY-	ST-ZIP				·	
NAME STREET ADDRESS				STREE	ET ADDRESS					
				CITY-	ST-ZIP					
DOCUMENT #				STREE	ET ADDRESS					

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

832-601-2600

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Davi