


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 APR 29 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000241	
1. Entity Name ORANGE 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 115 S. Jefferson Rd., N/A City & State Whippany, NJ
City & State	City & State
Zip	Country
Country	Zip
Country	U.S.A.

01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0870392	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. Capital Contributions as Shown on record. \$64,200,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$62,539,505	\$526.25
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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	
NAME	ARROYO POWER GP HOLDINGS LLC	CITY-ST-ZIP	
STREET ADDRESS	16945 NORTHCHASE DR, STE 1560		
CITY-ST-ZIP	HOUSTON, TX 77060		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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05/23/05--01077--012 **526.25

STAPLE CHECK HERE

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 #