2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # B04000000241** 08 MAY -6 AM 8: 54 ORANGE POWER HOLDINGS LP Principal Place of Business Mailing Address 16945 NORTHCHASE DR, STE 1560 115 S. JEFFERSON RD. HOUSTON, TX 77060 WHIPPANY, NJ 07981 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 16945 Northchase Drive Suite, Apt. #, etc. Suite 2100 Suite, Apt. #, etc. 04102008 Chg-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For Houston, TX 20-0870392 Not Applicable Zip 77060 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 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 FI 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 600128357936 05/05/08--01008--022 **50 FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 **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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. M04000002214 DOCUMENT # STREET ADDRESS ARROYO POWER GP HOLDINGS LLC NAME 16945 Northchase Drive, Suite 2100 STREET ADDRESS 16945 NORTHCHASE DR, STE 1560 Houston. TX 77060 CITY-ST-ZIP CITY-ST-7IP HOUSTON, TX 77060 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 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

URE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

832-601-2600

David T. Field, Co-Pres of G.P. 04//7/08