2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

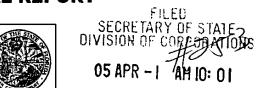
EDWARD W. EASTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

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Entity Name 2 800 WEST LOOP HOUSTON, LTD



03/23/05

9	0, 200,	TIO.OOTON, ETE				' US AF	PR-1 AF	10:01			
Principal Place of Business Mailing Address C/O EASTON & ASSOCIATES, INC 10165 NW 19TH ST 10165 NW MIAMI, FL 33172 MIAMI, FL 33172				& ASSOCIATES, IN 9TH ST	IC				1116 11788 11811 BCB(8)1 87 1188		
2. Principal P	Place of Busine	ess	3. Mailing Addr	ress							
Suite, Apt.	. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			Chg-LP	CR2EC	003 (10/03)		
City & State	te		City & State	City & State					Applied For Not Applicable		
Zip		Country	Zip	Zip Country			Status Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Curren	at Realstered Agent	<u> </u>	T	7. Name and A	ddress of New				
	VI 1-4/1-2	und rivations of each	it flogiototica riga		Name	11 1300000		Trogramme .	190		
C/O EAST 10165 NW	EASTON, EDWIN J C/O EASTON & ASSOCIATES, INC 10165 NW 19TH ST MIAMI, FL 33172					Street Address (P.O. Box Number is Not Acceptable)					
						City FL Zip Code					
	e named entity ations of registe		for the purpose of ch	nanging its registere	ed office or registe	ared agent, or both,	in the State of Fl	lorida. I am :	familiar with, and accept		
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if applicable.					DATE			
9. Capital Co as Shown of	ontributions on record.	\$4,900,000.00		int of Capital Contrit DRIDA to date.	butions						
		ENERAL PARTNER									
	NOTE:	General Partners M				nt must be tilea					
12.	T1.0400001		IER INFORMATION	13.	<u> </u>		ADDRESS CH	IANGES OW	LY		
DOCUMENT # NAME	1800 WES	1900 ST LOOP EWE/HOUS	STON HIC	STRF	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	1	/ 19TH ST	11014, 220	СПҮ	Y-ST-ZIP	700050092217					
DOCUMENT #	L04000020	0131 WEST LOOP, LLC		STR	EET ADDRESS	700050092317 04/07/0501005014 **\$35.00					
STREET ADDRESS CITY+ST-ZIP		RAL WAY, PENTHOU	SE SUITE	СІТҮ	Y-ST-ZIP						
DOCUMENT # NAME	1	VADA PARTNERS, II		STR	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY	Y-ST-ZIP						
DOCUMENT / NAME				. STRI	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				СІТУ	Y-ST-ZIP						
DOCUMENT / NAME				STRI	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				СПҮ	Y-ST-ZIP						
DOCUMENT # NAME				STRI	EET ADDRESS						
STREET ADDRESS				CITY	Y-SI-ZIP						
I hereby of indicated the receiver.	certify that the	e information supplied with it is true and accurate and empowered to execute to	ith this filing does not and that my signature this report as require	t qualify for the exe shall have the same	emption stated in Sole legal effect as if	ection 119.07(3)(i), made under oath; ti	Florida Statutes. hat I am a Gener	. I further cer ral Partner of	rtify that the information fithe limited partnership o		