


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED

06 MAY -1 PM 12:36

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

| | | | | | |
|--|-------------------------------|---------------------|--|--|--------------------------------------|
| DOCUMENT # B05000000376 | | | |  | |
| 1. Entity Name ALLIED CAPITAL PARTNERS, L.P. | | | | | |
| Principal Place of Business 5151 BELT LINE ROAD, STE. 500 DALLAS, TX 75254 | | | Mailing Address 5151 BELT LINE ROAD, STE. 500 DALLAS, TX 75254 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | Country | Zip | Country | 05032006 Chg-LP CR2E003 (11/05) | |
| 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 _____ | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006 | | | | In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. | |
| 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 # | F05000005052 | | STREET ADDRESS | | |
| NAME | TRAMEL CAPITAL CORPORATION | | CITY - ST - ZIP | | |
| STREET ADDRESS | 5151 BELT LINE ROAD, STE. 500 | | | | |
| CITY - ST - ZIP | DALLAS, TX 75254 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | | 100075018191 | |
| CITY - ST - ZIP | | | | 05/22/06--01020--017 **500.00 | |
| DOCUMENT # | | | STREET ADDRESS | | |
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| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| 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 | | | | | |
| SIGNATURE: <i>Clay B [Signature]</i> | | | Date: <i>5/5/06</i> | | Daytime Phone #: <i>972.776.5301</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | | |

STAPLE CHECK HERE