2006 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

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SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT #B05000000212** 1. Entity Name 06 MAR 27 AM 10: 44 ATLAS EUSTIS PARTNERS, L.P. Principal Place of Business Mailing Address 3400 CARLISLE, #445 3400 CARLISLE, #445 DALLAS, TX 75204 DALLAS, TX 75204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number ✔ Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAPITOL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 N. DUVAL STREET TALLAHASSEE, FL 32303 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. B0300000147 DOCUMENT # STREET ADDRESS PIEDMONT PARTNERS, L.P. NAME STREET ADDRESS 3400 CARLISLE, #445 CITY-ST-ZIP CITY-ST-ZIP DALLAS, TX 75204 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 100069924561 04/10/06--01020--022 **500.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS 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 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. 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.

President of General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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