

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 FEB 24 AM 10:33

<b>DOCUMENT # B01000000029</b> 1. Entity Name <b>BROCK SPECIALTY SERVICES L.T.D.</b>					
Principal Place of Business <b>2022 HUMBLE PLACE DR.                  HUMBLE, TX 77338</b>			Mailing Address <b>2022 HUMBLE PLACE DR.                  HUMBLE, TX 77338</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1915</b> Suite, Apt. #, etc.			
City & State		City & State <b>BEAUMONT TEXAS</b>		4. FEI Number <b>76-0666635</b>	
Zip <b>77704</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	F01000000544		STREET ADDRESS	<b>300067184903</b>	
NAME	BROCK BTL MANAGEMENT, INC.		CITY-ST-ZIP	<b>03/07/06--01007--014 **500.00</b>	
STREET ADDRESS	1670 E. CARDINAL DR.				
CITY-ST-ZIP	BEAUMONT, TX 77705				
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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: <b>Phil Smith</b>			Date: <b>2/8/06</b> Daytime Phone #: <b>(409) 833-6226</b>		

STAPLE CHECK HERE