

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B01000000293

1. Entity Name
 ARMSTRONG MCCALL, L.P.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 9:11

Principal Place of Business
 6505 BURLESON ROAD
 AUSTIN, TX 78744

Mailing Address
 6505 BURLESON ROAD
 AUSTIN, TX 78744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2505 ARMITAGE AVE

Suite, Apt. #, etc.

ATTN: TAX DEPT.

04092006

Chg-LP

CR2E003 (11/05)

City & State

City & State

MERROSE PARK, IL

4. FEI Number

74-2766845

Applied For

Not Applicable

Zip

Country

Zip

60160

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current 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

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		13.	ADDRESS CHANGES ONLY
DOCUMENT #	M01000001958	STREET ADDRESS	
NAME	ARMSTRONG MCCALL MANAGEMENT, L.C.	CITY-ST-ZIP	
STREET ADDRESS	6505 BURLESON ROAD		
CITY-ST-ZIP	AUSTIN, TX 78744		
DOCUMENT #		STREET ADDRESS	4000074703504
NAME		CITY-ST-ZIP	05/17/06-01008-004 **\$500.00
STREET ADDRESS			
CITY-ST-ZIP			
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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: *GR*

REED
ANDERS

ASST.
TRASNSKRED.

708-450-2246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE