

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

**FILED**

**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B02000000213**

1. Entity Name  
**TESCO L.P.**



Principal Place of Business  
**1035 E. HALIENDA  
BELLVILLE, TX 77418**

Mailing Address  
**1035 E. HALIENDA  
BELLVILLE, TX 77418**



01122006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-1850608**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**POSUSTA, WALTER  
1275 BELCHEER RD. UNIT 36  
DUNEDIN, FL 34698**

**DO NOT WRITE  
IN THIS SPACE**

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**

DOCUMENT #

NAME

**KIECKE, NORMAN**

STREET ADDRESS

**201 DUERN DR**

CITY - ST - ZIP

**BELLVILLE, TX 77418**

DOCUMENT #

NAME

**ROTHER, DENNIS**

STREET ADDRESS

**4910 FIRESTONE DR.**

CITY - ST - ZIP

**COLLEGE STATION, TX 77845**

DOCUMENT #

NAME

**ROTHER, LARRY**

STREET ADDRESS

**3601 MISTY CREEK DR.**

CITY - ST - ZIP

**AUSTIN, TX 78735**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

**U00000531865  
05/06/06-80058-025 500.00**

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Norman Kiecke**

**4/20/06 979 865-2163**

Date

Daytime Phone #

STAPLE CHECK HERE