2005 LIMITED PARTNERSHIP ANNUAL REPORT One By September 7, 2005

DOCUMENT # B04000000460 05 AUG -3 AM 10: 19 CCP CIRCUITEXT, LP Principal Place of Business Mailing Address 8214 WESTCHESTER DR., 9TH FLOOR 8214 WESTCHESTER DR., 9TH FLOOR DALLAS, TX 75225 DALLAS, TX 75225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052005 Chq-LP CR2E003 (10/03) 4. FEI Number Applied For City & State City & State 20-1672721 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code FI 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. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 10. Amount of Capital Contributions in FLORIDA to date. 9. Capital Contributions \$0.00 as Shown on record. 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. DOCUMENT # F04000005920 000058536270 STREET ADDRESS CCP CIRCUITEXT GP, INC. NAME **141.25 88/12/65--01882--88 STREET ADDRESS 8214 WESTCHESTER DR., 9TH FLOOR CITY-ST-ZIP CITY-ST-ZIP DALLAS, TX 75225 DOCHMENT # STREET ADDRESS NAME 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 DOCUMENT # STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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 employered to execute this report as required by shapter 620, Florida Statutes

*IGNATURE: 4

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SIGNATURE AND THREEL OF PRINTED NAME OF SIGNING GENERAL PARTNE