


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B05000000001 1. Entity Name INDEMCO, LP	
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FILED
 2005 APR 25 PM 12: 25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 777 POST OAK BLVD., SUITE 330 HOUSTON, TX 77058	Mailing Address 777 POST OAK BLVD., SUITE 330 HOUSTON, TX 77058
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02032005	Chg-LP	CR2E003 (10/03)
4. FEI Number 48-1307787		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

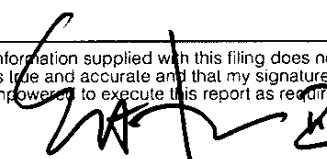
9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. 0.00	\$52.50 + \$88.75 = \$141.25
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General 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 #	M04000005738	STREET ADDRESS	488854345234
NAME	INDEMCO GP, LLC	CITY-ST-ZIP	05/12/05--01082--017 **141.25
STREET ADDRESS	777 POST OAK BLVD., SUITE 330		
CITY-ST-ZIP	HOUSTON, TX 77058		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 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 empowered to execute this report as required by Chapter 620, Florida Statutes

STATE OF FLORIDA

SIGNATURE: 	Edwin H. Frank, III, Exec.Mgr	04/01/2005	713/355-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #	