


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

**FILED
Apr 21, 2006 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # B05000000001 1. Entity Name INDEMCO, LP |  |
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|---|---|
| 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 77056 | Country | Zip 77056 | Country |
|--------------|---------|--------------|---------|

01092006 Chg-LP CR2E003 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 48-1307787 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

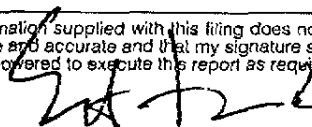
| | |
|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small> | DATE _____ |
|--|------------|

**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 # NAME STREET ADDRESS CITY-ST-ZIP | M04000005738 INDEMCO GP, LLC 777 POST OAK BLVD., SUITE 330 HOUSTON, TX 77058 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | U00000525010 05/04/06-80011-019 500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
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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

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|--|---------------------|------------|------------------|
| SIGNATURE:  | Edwin H. Frank, III | 01/31/2006 | 713/355-3100 x11 |
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STATE OFFICE FEE