


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # B05000000001	
1. Entity Name INDEMCO, LP	

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 18 AM 9:38

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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 77056	Country
Zip 77056	Country

01032007 Chg-LP CR2E003 (12/06)

4. FEI Number  
48-1307787

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331

7. Name and Address of New Registered Agent

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.

200085838688  
 01/23/07--01017--00 DATE \*\*500.00

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	M04000005738	STREET ADDRESS	
NAME	INDEMCO GP, LLC	CITY-ST-ZIP	77056
STREET ADDRESS	777 POST OAK BLVD., SUITE 330		
CITY-ST-ZIP	HOUSTON, TX 77058		
DOCUMENT #		STREET ADDRESS	
NAME		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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

EDWIN H. FRANK, III 01/04/07 7133553100

Date Daytime Phone #