


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 29 PM 2: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B05000000004			
1. Entity Name COLONIAL ONE, L.P.			
Principal Place of Business CHRISTOPHER H. BYRD 300 S. FOURTH STREET, SUITE 1400 LAS VEGAS, NV 89101		Mailing Address 1750 REGAL ROW, SUITE 1010 DALLAS, TX 75235	
2. Principal Place of Business 1750 REGAL ROW		3. Mailing Address	
Suite, Apt. #, etc. SUITE 1010		Suite, Apt. #, etc.	
City & State DALLAS, TX		City & State	
Zip 75235	Country USA	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$5,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$5,000.00	
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	M04000003641 RESOLUTION CAPITAL ADVISORS, LLC 1750 REGAL ROW, SUITE 1010 DALLAS, TX 75235	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SEE ENCLOSED CERTIFICATE OF AMENDMENT FOR CHANGE OF GENERAL PARTNER	STREET ADDRESS CITY - ST - ZIP	300054920353 05/20/05--01054--010 **141.25
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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			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER CHRISTOPHER H. GRAMMICH, PRESIDENT OF GENERAL PARTNER		4/26/05 214-544-6510 Date Daytime Phone #	

STAPLE CHECK HERE