


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 10 AM 10:49

DOCUMENT # B05000000004	
1. Entity Name COLONIAL ONE, L.P.	

Principal Place of Business <del>CHRISTOPHER H. BYRD</del> 1750 REGAL ROW, STE 1010 DALLAS, TX 75235	Mailing Address <del>CHRISTOPHER H. BYRD</del> 1750 REGAL ROW, STE 1010 DALLAS, TX 75235
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*[Handwritten signature]*

2. Principal Place of Business 1750 REGAL ROW Suite, Apt. #, etc. 1010 City & State DALLAS, TX Zip 75235 Country	3. Mailing Address 1750 REGAL ROW Suite, Apt. #, etc. SUITE 1010 City & State DALLAS, TX Zip 75235 Country
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01092006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-1638971		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	M05000002323	STREET ADDRESS	400068093684 03/20/06--01015--012 **500.00
NAME	COLONIAL ONE ADVISORS, LLC	CITY-ST-ZIP	
STREET ADDRESS	1750 REGAL ROW, SUITE 1010	STREET ADDRESS	
CITY-ST-ZIP	DALLAS, TX 75235	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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]* Date: 1/9/2006 Daytime Phone #: 214-599-6500