


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 10 AM 10:49

<b>DOCUMENT # B05000000004</b>			
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	
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	
4. FEI Number 20-1638971		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 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 _____ Signature, typed or printed name of registered agent and title if applicable.		DATE _____	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M05000002323 COLONIAL ONE ADVISORS, LLC 1750 REGAL ROW, SUITE 1010 DALLAS, TX 75235	STREET ADDRESS CITY-ST-ZIP	400068093684 03/20/06--01015--012 **500.00
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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			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		1/9/2006 214-599-6500 Date Daytime Phone #	

STAPLE CHECK HERE