

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 FEB -2 AM 10:16

<b>DOCUMENT # B05000000148</b> 1. Entity Name NORTH OCEAN CONDOS, L.P.					
Principal Place of Business 1209 ORANGE STREET WILMINGTON, DE 19801			Mailing Address 1209 ORANGE STREET WILMINGTON, DE 19801		
2. Principal Place of Business 6363 WOODWAY DR Suite, Apt. #, etc. SUITE 1000 City & State HOUSTON TX Zip 77057 Country HARRIS		3. Mailing Address - SAME - Suite, Apt. #, etc.  City & State  Zip  Country			
4. FEI Number 01062006 Chg-LP CR2E003 (11/05)				<input checked="" type="checkbox"/> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	B05000000208		STREET ADDRESS		
NAME	DC CONVENTIONAL-NOC, LP		CITY-ST-ZIP		
STREET ADDRESS	6363 WOODWAY, SUITE 1000				
CITY-ST-ZIP	HOUSTON, TX 77057				
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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: Randall Husmann 1/1/2006 713.570.0312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

RANDALL HUSMANN - CHIEF FINANCIAL OFFICER OF  
 DC CONVENTIONAL-NOC, LP - GENERAL PARTNER