

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 26 AM 8: 05

DOCUMENT # B05000000148

1. Entity Name
 NORTH OCEAN CONDOS, L.P.



Principal Place of Business

6363 WOODWAY DR
 SUITE 1000
 HOUSTON, TX 77057

Mailing Address

6363 WOODWAY DR
 SUITE 1000
 HOUSTON, TX 77057

2. Principal Place of Business - No P.O. Box #

3411 RICHMOND AVE
 Suite, Apt. #, etc.
 SUITE 200

3. Mailing Address

3411 RICHMOND AVE
 Suite, Apt. #, etc.
 SUITE 200

City or State
 HOUSTON TX

City or State
 HOUSTON TX

Zip
 77046

Country
 USA

Zip
 77046

Country
 USA

03132008 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-2258617

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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT # B05000000208
 NAME DC CONVENTIONAL-NOC, LP
 STREET ADDRESS 6363 WOODWAY, SUITE 1000
 CITY-ST-ZIP HOUSTON, TX 77057

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 3411 RICHMOND AVE SUITE 200
 CITY-ST-ZIP HOUSTON TX 77046

STREET ADDRESS 500121199586
 CITY-ST-ZIP 03/25/08--01023--014 **500.00

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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

TOM CALTAGIRONE 18 MARCH 2008 832.209.1200

Date

Daytime Phone #

CHIEF OPERATING OFFICER OF DC CONVENTIONAL-NOC, LP, GP

STAPLE CHECK HERE