2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # B0500000157 1. Entity Name PRESTE CONDOS, L.P.			SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB -2 AM 10: 18	
Principal Place of Business 6363 WOODWAY, STE 1000 HOUSTON, TX 77057 Mailing Address 6363 WOODWAY, STE 1000 HOUSTON, TX 77057		00		
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			01062006 Chg-LP CR2E003 (11/05)	
City & State City & State			4. FEI Number Applied For Not Applicable	
Zip Country	Zip	Country	Certificate of Status Desired	
6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			(P.O. Box Number is Not Acceptable)	
PLANTATION, FL 33324				
		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				
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		torm; an amendme	ADDRESS CHANGES ONLY	
DOCUMENT # B05000000207 NAME DC CONVENTIONAL-PRESTE, L.P.		STREET ADDRESS		
EET ADDRESS 6363 WOODWAY, STE 1000 -ST-ZIP HOUSTON, TX 77057		CITY-ST-ZIP	500065863385	
DOCUMENT # NAME	_	STREET ADDRESS	500065863385 02/15/0601004022 ***500.00	
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STREET ADDRESS CITY-ST-ZIP 41 (4)		CITY-ST-ZIP		
DOCUMENT /		STREET ADDRESS		
STREE* ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
14. thereby 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 Dulle Du				
PANDALL HUSMANN- CHIEF FINANCIAL OFFICER OF DC (ANEXTONA) - PRESTE I D- GEVERN PARTIER				