


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -2 AM 10:16

DOCUMENT # B05000000208		
1. Entity Name DC CONVENTIONAL-NOC, L.P.		

Principal Place of Business 1200 ORANGE STREET WILMINGTON, DE 19801	Mailing Address 1200 ORANGE STREET WILMINGTON, DE 19801
---	---

2. Principal Place of Business 6363 WOODWAY SUITE 1000 HOUSTON TX 77057	3. Mailing Address - SAME -
Suite, Apt. #, etc. SUITE 1000	Suite, Apt. #, etc.
City & State HOUSTON TX	City & State
Zip 77057	Country HARRIS



01062006	Chg-LP	CR2E003 (11/05)
4. FEI Number	<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 _____
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 #	F05000001040	STREET ADDRESS	
NAME	FLORIDA-NOC, INC.	CITY-ST-ZIP	
STREET ADDRESS	6363 WOODWAY STE 1000		
CITY-ST-ZIP	HOUSTON, TX 77057		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: Randall Hushman 1/9/2006 713.570.0312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RANDALL HUSMAN - CHIEF FINANCIAL OFFICER OF
 FLORIDA-NOC, INC. - GENERAL PARTNER

STAPLE CHECK HERE