## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

CHECK

SIGNATURE:

FILLU SECRETARY OF STATE DOCUMENT # B05000000208 DIVISION OF CORPORATIONS DC CONVENTIONAL-NOC, L.P. 07 JAN 26 AM 9: 28 Principal Place of Business Mailing Address 6363 WOODWAY 6363 WOODWAY SUITE 1000 SUITE 1000 HOUSTON, TX 77057 HOUSTON, TX 77057 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102007 Chg-LP CR2E003 (12/06) Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. F05000001040 DOCUMENT # STREET ADDRESS FLORIDA-NOC, INC. NAME STREET ADDRESS 6363 WOODWAY STE 1000 CITY-S1-ZIP CITY-ST-ZIP HOUSTON, TX 77057 DOCUMENT # STREET ADDRESS NAME 600086799166 01/31/07--01017--020 \*\*500.00 STREET ADORESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 me 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 enpowered to execute this report as required by Chapter 620, Florida Statutes