


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 26 AM 8:05

DOCUMENT # B05000000208 1. Entity Name DC CONVENTIONAL-NOC, L.P.	
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Principal Place of Business 6363 WOODWAY SUITE 1000 HOUSTON, TX 77057	Mailing Address 6363 WOODWAY SUITE 1000 HOUSTON, TX 77057
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2. Principal Place of Business - No P.O. Box # 3411 RICHMOND AVE Suite, Apt. #, etc. SUITE 200 City & State HOUSTON TX Zip 77046 Country USA	3. Mailing Address 3411 RICHMOND AVE Suite, Apt. #, etc. SUITE 200 City & State HOUSTON TX Zip 77046 Country USA
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03132008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2795406	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 \_\_\_\_\_

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # F05000001040	NAME FLORIDA-NOC, INC.	STREET ADDRESS 3411 RICHMOND AVE SUITE 200	
STREET ADDRESS 6363 WOODWAY STE 1000		CITY-ST-ZIP HOUSTON TX 77046	
CITY-ST-ZIP HOUSTON, TX 77057			
DOCUMENT #	NAME	STREET ADDRESS	
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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:  TOM CALTAGIRONE 18 MARCH 2008 832.209.1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CHIEF OPERATING OFFICE OF FLORIDA-NOC, INC. GP

STAPLE CHECK HERE