


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**

**06 MAY -1 PM 12:36**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

|  |                               |         |  |  |         |
|--|-------------------------------|---------|--|--|---------|
| <b>DOCUMENT # B05000000376</b>   |                               |         |  |   |         |
| 1. Entity Name<br>ALLIED CAPITAL PARTNERS, L.P.  |                               |         |  |  |         |
| Principal Place of Business<br>5151 BELT LINE ROAD, STE. 500<br>DALLAS, TX 75254   |                               |         | Mailing Address<br>5151 BELT LINE ROAD, STE. 500<br>DALLAS, TX 75254 |  |         |
| 2. Principal Place of Business   |                               |         | 3. Mailing Address   |  |         |
| Suite, Apt. #, etc.  |                               |         | Suite, Apt. #, etc.  |  |         |
| City & State   |                               |         | City & State   |  |         |
| Zip  |                               | Country | Zip  |  | Country |
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |                               |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                               |         |  | DATE _____   |         |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>Due by September 6, 2006</b>  |                               |         |  | In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.                             |         |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                               |         |  |  |         |
| <b>12. GENERAL PARTNER INFORMATION</b>   |                               |         |  | <b>13. ADDRESS CHANGES ONLY</b>  |         |
| DOCUMENT #   | F05000005052                  |         |  | STREET ADDRESS   |         |
| NAME   | TRAMEL CAPITAL CORPORATION    |         |  | CITY - ST - ZIP  |         |
| STREET ADDRESS   | 5151 BELT LINE ROAD, STE. 500 |         |  |  |         |
| CITY - ST - ZIP  | DALLAS, TX 75254              |         |  |  |         |
| 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: <i>Clay B</i>   |                               |         |  | 5/5/06 972.776.5301  |         |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                               |         |  | <small>Date Daytime Phone #</small>  |         |

STAPLE CHECK HERE



05032006 Chg-LP CR2E003 (11/05)

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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