

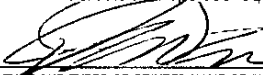


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:13

<b>DOCUMENT # B05000000417</b>					
1. Entity Name LA HACIENDA RESORTS, II, L.P.					
Principal Place of Business 4800 HERITAGE OAKS FRISCO, TX 75034			Mailing Address 4800 HERITAGE OAKS FRISCO, TX 75034		
2. Principal Place of Business 3241 Preston		3. Mailing Address 3241 Preston			
Suite, Apt. #, etc. Suite #7		Suite, Apt. #, etc. Suite #7			
City & State Frisco, TX		City & State Frisco, TX		02272006 Chg-LP CR2E003 (11/05)	
Zip 75034		Country US		4. FEI Number 87-0731767	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  MIKLAS, JOE 88765 OVERSEAS HIGHWAY TAVERNIER, FL 33070				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	F05000004524			STREET ADDRESS	3241 Preston, Suite #7
NAME	LAHACIENDA RESORTS, INC.			CITY-ST-ZIP	Frisco, TX 75034
STREET ADDRESS	4800 HERITAGE OAKS				
CITY-ST-ZIP	FRISCO, TX 75034				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	100075560941
STREET ADDRESS					05/31/06--01034---002 **908.75
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: 				Billy L. Brown, Pres. 05/02/2006 214/618-2783	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	

STAPLE CHECK HERE