

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

**FILED**

**06 MAY -1 AM 8:49**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



04272006 Chg-LP CR2E003 (11/05)

<b>DOCUMENT # B05000000553</b> 1. Entity Name <b>AUSTIN BRIDGE &amp; ROAD, LP</b>					
Principal Place of Business <b>3535 TRAVIS STREET, SUITE 300          DALLAS, TX 75204</b>			Mailing Address <b>3535 TRAVIS STREET, SUITE 300          DALLAS, TX 75204</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>75-2846900</b> </div> <div style="float: right; text-align: right;">           Applied For  <input type="checkbox"/> Not Applicable         </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>F05000007585          AUSTIN BRIDGE &amp; ROAD, INC.          3535 TRAVIS STREET, SUITE 300          DALLAS, TX 75204</b>		STREET ADDRESS  CITY - ST - ZIP	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>500075013775</b>  <b>05/22/06 01008 027 **500.00</b> </div>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS  CITY - ST - ZIP		
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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					
<b>SIGNATURE:</b>			<b>05/01/2006</b> <span style="float: right;"><b>214.443.5500</b></span>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE