


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 26 AM 8:04

DOCUMENT # B06000000092	
1. Entity Name DMC-MANAGEMENT CO., LTD.	

Principal Place of Business 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057	Mailing Address 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057
--	--

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
---	---



03142008 Chg-LP CR2E003 (12/06)

4. FEI Number 76-0364240	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

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
--	--

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 # NAME STREET ADDRESS CITY-ST-ZIP	F06000001258 DMC-MGMT, INC. 6363 WOODWAY, SUITE 1000 HOUSTON, TX 77057	STREET ADDRESS CITY-ST-ZIP	3411 RICHMOND AVE SUITE 200 HOUSTON TX 77046
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500121199256 03/25/08--01023--007 **\$500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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  TOM CALTAGIRONE 18 MARCH 2008 832.209.1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CHIEF OPERATING OFFICER OF DMC-MGMT, INC., GP

STAPLE CHECK HERE