



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:14

<b>DOCUMENT # B97000000221</b> 1. Entity Name RIDA ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business RIDA-OP, INC. 5444 WESTHIMER, SUITE 1605 HOUSTON, TX 77056			Mailing Address 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		
2. Principal Place of Business 4669 Southwest Freeway Suite, Apt. #, etc. Suite 400 City & State Houston, TX Zip 77027 Country USA		3. Mailing Address 4669 Southwest Freeway Suite, Apt. #, etc. Suite 400 City & State Houston, TX Zip 77027 Country USA			
02132006    Chg-LP    CR2E003 (11/05)		4. FEI Number 13-3942754		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
M02000002646 RALP SPE GP, LLC 4669 SOUTHWEST PARKWAY, SUITE 700 HOUSTON, TX 77027			4669 Southwest Freeway, Suite 400 Houston, TX 77027		
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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					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3/20/06    713-961-3835 <small>Date    Daytime Phone #</small>		

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