2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

	Due By May 1, 2006								SECONT FI	LEU		
	1. Entity Nam		# B98000 LTD.	000072	26			DI	SECRETAR VISION OF C 06 MAR 17	Y OF S CORPOR	TATE PATIONS : 45	
	Principal Place of Business 18383 PRESTON ROAD, SUITE 410 DALLAS, TX 75252				Mailing Address 18383 PRESTON ROAD, SUITE 410 DALLAS, TX 75252		410					
	2. Principal Place of Business				3. Mailing Address							
	Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.			02282006	Chg-LP	CR2E0	03 (11/05)	
	City & State				City & State			4. FEI Number 74-2900			Applied For Not Applicable	
	Zip				Zip Country			5. Certificate of	of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
	CORROBATION OF DIVIDE CONTRACT					•	Name					
	CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525						Street Address (Street Address (P.O. Box Number is Not Acceptable)				
	77 EE W. WOOLE, 1 E 02001 2020						City	_				
							City	FL ''				
	the obligat	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 accertic the obligations of registered agent.										
ĺ	SIGNATURE ————————————————————————————————————						DATE					
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					00.00	-					
	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.						
	DOCUMENT /	F98000007			· · · · · · · · · · · · · · · · · · ·		EET ADDRESS				•	
	STREET ADDRESS CITY-ST-ZIP				410 cm		′-ST-ZiP					
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_	CITY-ST-ZIP					,, .	, 'Dea'			026	**>00.00	
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	NAME					STR	EET ADDRESS					
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	DOCUMENT / NAME	•				STR	EET ADDRESS					
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STAPLE	DUCUMENT /					STRI	EET ADDRESS					
	CITY-STFZIP					СІТУ	-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: 3/1/06 (972)733-7357											
	J. J. 1771	~!\ = !	SIGNATURE AND	TYPED OR PRIN	ED NAME OF SIGNING GENE				Date	Da	ytime Phone #	