

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


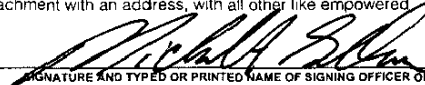
**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90015 017 \*\*\*150.00

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07062006 Chg-P CR2E034 (11/05)

DOCUMENT # F00000004998					
1. Entity Name ASG GENERAL PARTNER, INC.					
Principal Place of Business 7801 NORTH CAPITAL OF TEXAS HWY SUITE 300 AUSTIN, TX 78731			Mailing Address 1300 POST OAK BLVD. SUITE 850 HOUSTON, TX 77056		
2. Principal Place of Business			3. Mailing Address 7801 N Capital of Tx Hwy, # 300		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Austin TX		
Zip		Country		Zip 78731 Country Texas	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SANDERS, WILLIAM C JR 1650 TYSONS BLVD., SUITE 565 MC LEAN, VA 22102	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Michael A. Sullivan 7801 N. Capital of Tx Hwy, STE 300 Austin TX 78731	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BROWNE, TERENCE 7801 NORTH CAPITAL OF TEXAS HWY, SUITE 300 AUSTIN, TX 78731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAN, GILBERT 124 WEST PUTNAM AVENUE, 2ND FLOOR GREENWICH, CT 06830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOBSON, SEAN 7801 NORTH CAPITAL OF TEXAS HWT, SUITE 300 AUSTIN, TX 78731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORMAN, STEVEN M 7801 NORTH CAPITAL OF TEXAS HWY, SUITE 300 AUSTIN, TX 78731	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURLESON, DAVID 1300 POST OAK BLVD., SUITE 850 HOUSTON, TX 77056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			7/6/06 512-342-3021		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		