

**2006 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000003097

1. Entity Name
FALCON KFH DELTA PARTNERS, LLC



Principal Place of Business
**% FALCON REAL ESTATE INV. CO., LP
5005 LBJ FREEWAY, SUITE 1130
DALLAS, TX 75244**

Mailing Address
**% FALCON REAL ESTATE INV. CO., LP
5005 LBJ FREEWAY, SUITE 1130
DALLAS, TX 75244**



06302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2423318

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FALCON OFFICE PARTNERS, LLC
5005 LBJ FREEWAY, SUITE 1130
DALLAS, TX 75244**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FALCON/INVESTOR, INC.
5005 LBJ FREEWAY, SUITE 1130
DALLAS, TX 75244**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FALCON KHF DELTA, LLC
5005 LBJ FREEWAY, SUITE 1130
DALLAS, TX 75244**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

U00000569319
07/11/06-80020-025 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DAVID A. HINE

6/30/06

Date

972-934-2300

Daytime Phone #