



Phone: (503) 888-2200  
Fax: (503) 378-4381

**Application for Registration—Foreign Limited Partnership**

Secretary of State  
Corporation Division  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
FilingInOregon.com

**FILED**

**JUL 28 2008**

**OREGON  
SECRETARY OF STATE**

REGISTRY NUMBER: 536759-98

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.  
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) **NAME OF LIMITED PARTNERSHIP** (Must contain the words "Limited Partnership" without abbreviation.)

AH 2005 Management, Limited Partnership

2) **STATE OR COUNTRY OF FORMATION**

Delaware

3) **CERTIFICATE OF EXISTENCE** (This application must be accompanied by a certificate of existence, current within 60 days of delivery to this Division, authenticated by the official having custody of the corporate records in the jurisdiction of incorporation.)

Certificate attached

4) **DATE OF FORMATION**

5/15/08

5) **DURATION, IF NOT INDEFINITE**

6) **ADDRESS OF OFFICE** (Street address where records of partnership are maintained.)

6011 Connection Drive, Irving TX 75039

7) **THE PARTNERSHIP AGREES TO KEEP THE RECORDS REFERRED TO IN ORS 70.050 UNTIL THE FOREIGN LIMITED PARTNERSHIP'S REGISTRATION IN OREGON IS CANCELLED.**

YES

8) **NAME OF REGISTERED AGENT**

CT Corporation System

9) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS** (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

388 State Street, Ste. 420

Salem, OR 97301

10) **ADDRESS WHERE DIVISION MAY MAIL NOTICES**

6011 Connection Drive, Irving TX 75039

11) **NAME AND ADDRESS OF EACH GENERAL PARTNER**

AH 2005 Management Gen-Par, L.L.C.

100 Crescent Court, Suite 1000, Dallas Texas 75201

12) **EXECUTION** (Signature of each General Partner.)

Signature

Ron K. Banger

Printed Name

Ron K Banger Manager

of its general partner

13) **CONTACT NAME** (To resolve questions with this filing.)

**DAYTIME PHONE NUMBER** (Include area code.)

**FEES**

Required Processing Fee \$50  
Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.  
Please make check payable to  
"Corporation Division."

**NOTE:**

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.