

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

DOCUMENT # A 00000000 940

02 JUN 28 PM 4: 50

1. Entity Name  
**NES Holdings, Ltd.**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

**MJH**

2. Principal Place of Business  
**1132 VALENCIA AVE**

3. Mailing Address  
**% K+D 1101 BRICKELL AVE**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
**SUITE 800 N**

City & State  
**CORAL GABLES, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**65-1014867**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip  
**33134**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

**DUE BY MAY 1**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Ellie Schneiderman**

Street Address (P.O. Box Number is Not Acceptable)  
**1132 VALENCIA AVE**

City  
**CORAL GABLES**

FL

Zip Code  
**33134**

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.

SIGNATURE  DATE **5/20/02**

9. Capital Contributions as Shown on record. **100,000**

10. Amount of Capital Contributions in FLORIDA to date. **100,000**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE-SIDE FOR FEE INFORMATION**

**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		STREET ADDRESS	
DOCUMENT #	<b>P 98 0000 32944</b>		<b>100006162341--8</b>
NAME	<b>SOUTHERN ARTS MANAGEMENT CORPORATION</b>		<b>-07/02/02--01058--003</b>
STREET ADDRESS	<b>1132 VALENCIA AVE</b>		<b>***526.25 ***526.25</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>		
DOCUMENT #			
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 prepare this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **ELLIE SCHNEIDERMAN** DATE **5/20/02** PHONE **305-247-9406**

CR2E003B (12/01)

STAPLE CHECK HERE