2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 30, 2007 08:00 AM Secretary of State

DOCUI	MENT	#	A00000000940	١
	$A \sqcap \square A \sqcap$	π	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

1. Entity Name NES HOLDINGS, LTD.



Principal Place of Business

1132 VALENCIA CORAL GABLES, FL 33134 Mailing Address

C/0 K&O

1101 BRICKELL AVE., SUITE 800 N

MIAMI, FL 33131



01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1014867 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDERMAN, ELLIE 1132 VALENCIA CORAL GABLES, FL 33134 DO NOT WRITE
IN THIS SPACE

8.	The above named entity submits this statement for the purpo	se of changing its registered office or reg	gistered agent, or both, in the State of Flo	rida. I am familiar with, and accept
	the obligations of registered agent		•	

SIGNATURE

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

DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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.

L				
	12.	12. GENERAL PARTNER INFORMATION		
	DOCUMENT /	P98000032944		
	NAME	SOUTHERN ARTS MANAGEMENT CORPORATION		
1	STREET ADDRESS	1132 VALENCIA		
	CITY-ST-ZIP	CORAL GABLES, FL 33134		
-	DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP			
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	·		
E CHECK HERE	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			
SAPLE	DOCUMENT # NAME	·		

DO NOT WRITE
IN THIS SPACE

05/17/07-80040-010-500.00

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 by signature shall have the same legal effect as if made under path; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this apopt as required by Chapter 620, Florida Statutes

SIGNATURE

STREET ADDRESS CITY-SI-ZIP

MATURE AND THEED OR PRINTED NAME OF SIGNING GENERAL PARTNE

4/18/07

305.444.3632

Daytime Phone #