

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

DOCUMENT # A0000000940			
1. Entity Name NES HOLDINGS, LTD.			
Principal Place of Business 1132 VALENCIA CORAL GABLES, FL 33134		Mailing Address C/O K&O 1101 BRICKELL AVE., SUITE 800 N MIAMI, FL 33131	
2. Place of Business - No P.O. Box #		3. Mailing Address <i>40 K&O</i> 169 E Flagler St	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 800	
City & State		City & State Miami, FL	
Zip		Zip 33131	
Country		Country	
4. FEI Number 65-1014867		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDERMAN, ELLIE 1132 VALENCIA CORAL GABLES, FL 33134		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P9800032944	STREET ADDRESS	
NAME	SOUTHERN ARTS MANAGEMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1132 VALENCIA		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	800123071228
NAME		CITY-ST-ZIP	04/11/08--01048--005 **500.00
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CITY-ST-ZIP			
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 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 execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: <i>Ellie Schneiderman</i>		ELLIE SCHNEIDERMAN	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	
		Date/Time Phone #	
		March 30 2008 / 444-3632	

STAPLE CHECK HERE