

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 17 AM 10:50

DOCUMENT # A04000001108

1. Entity Name  
BRISTOL NMB PARTNERS LIMITED PARTNERSHIP



Principal Place of Business  
12995 N.W. 2ND STREET  
MIAMI, FL 33182

Mailing Address  
12995 N.W. 2ND STREET  
MIAMI, FL 33182

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02252005 Chg-LP CR2E003 (10/03)

4. FEI Number

20-1452365

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A'ESQ.  
C/O ROZENCWAIG & FERRERO-CARR  
301 WEST HALLANDALE BEACH BLVD.  
HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent

Name

ROZENCWAIG & FERRERO-CARR

Street Address (P.O. Box Number is Not Acceptable)

301 W. HALLANDALE BEACH BLVD.

City

HALLANDALE BEACH FL

Zip Code

33009

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.

DATE

9. Capital Contributions  
as Shown on record.

\$1,865,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

DOCUMENT # L04000049026  
NAME BRISTOL NMB, LLC  
STREET ADDRESS 12995 N.W. 2ND STREET  
CITY-ST-ZIP MIAMI, FL 33182

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

100049167131

03/25/05 01005 002 \*\*535.00

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE