2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 9:17

DOCUMENT # A04000001108

1. Entity Name
BRISTOL NMB PARTNERS LIMITED PARTNERSHIP

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

02152006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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 & FERRERO-CARR
301 W HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009

7. Name and Address of New Registered Agent

Name: Rozencwaig, Nadel & Ferrero-Carr, LLP
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] 2/15/06
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2006, 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 #	L04000049026	STREET ADDRESS	
NAME	BRISTOL NMB, LLC		
STREET ADDRESS	12995 N.W. 2ND STREET	CITY-ST-ZIP	700068094727 03/20/06--01016--019 **508.75
CITY-ST-ZIP	MIAMI, FL 33182		
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STAPLE CHECK HERE

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: [signature] 02/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #