


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 12, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01302007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-1452365	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROZENCWAIG, NADEL & FERRERO-CARR, LLP
 301 W HALLANDALE BEACH BLVD.
 HALLANDALE BEACH, FL 33009**

DO NOT WRITE IN THIS SPACE

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, 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.

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

000000634383
 02/22/07-80008-002 508.75

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STAPLE CHECK HERE

SIGN HERE

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 and I am empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE _____ *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____