


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 22, 2008 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



01102008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 20-1452365	Applied For <input type="checkbox"/> 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

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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

000000791884
01/23/08-80094-012 508.75

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	

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____