

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -9 AM 8:12

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       |                                                                                   |                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------|
| DOCUMENT # A04000001474                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |  |                                                  |
| 1. Entity Name<br>NBK PARTNERSHIP, LLLP.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                                                                                   |                                                  |
| Principal Place of Business<br>1206 EAST RIDGEWOOD STREET<br>ORLANDO, FL 32803                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | Mailing Address<br>1206 EAST RIDGEWOOD STREET<br>ORLANDO, FL 32803                |                                                  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | 3. Mailing Address                                                                |                                                  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | Suite, Apt. #, etc.                                                               |                                                  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | City & State                                                                      |                                                  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                               | Zip                                                                               | Country                                          |
| 02162005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       | Chg-LP CR2E003 (10/03)                                                            |                                                  |
| 4. FEI Number<br>20-1660083                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                       | Applied For<br>Not Applicable                                                     |                                                  |
| 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                |                                                  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | 7. Name and Address of New Registered Agent                                       |                                                  |
| DELOACH BRYANT, CARLA ESQ<br>1206 EAST RIDGEWOOD STREET<br>ORLANDO, FL 32803                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature is typed or printed name of registered agent, and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                               |                                                                                       |                                                                                   |                                                  |
| 9. Capital Contributions as Shown on record. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | 10. Amount of Capital Contributions in FLORIDA to date. \$0.00                    |                                                  |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br>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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         | P04000118181<br>NBK HOLDINGS, INC.<br>1206 EAST RIDGEWOOD STREET<br>ORLANDO, FL 32803 | STREET ADDRESS<br>CITY-ST-ZIP                                                     | 900048863069<br>02/22/05--01/04/05--024 **150.00 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | STREET ADDRESS<br>CITY-ST-ZIP                                                     |                                                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | STREET ADDRESS<br>CITY-ST-ZIP                                                     |                                                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | STREET ADDRESS<br>CITY-ST-ZIP                                                     |                                                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | STREET ADDRESS<br>CITY-ST-ZIP                                                     |                                                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | STREET ADDRESS<br>CITY-ST-ZIP                                                     |                                                  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | STREET ADDRESS<br>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: <u>Brenda Wilkins</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                       | 2/22/05                                                                           |                                                  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       | Date Daytime Phone #                                                              |                                                  |

STAPLE CHECK HERE

CARLA DELOACH BRYANT

ATTORNEYS & COUNSELORS AT LAW, P.A.

March 1, 2005

Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Annual Business Report for NBK Partnership, LLLP

Dear Sir or Madam:

Enclosed please find the 2005 Uniform Business Report for NBK Partnership, LLLP and a check, made payable to the Florida Department of State in the amount of one hundred forty-one dollars and twenty-five cents (\$141.25), for the following fees:

- ♦ \$52.50 for UBR Filing Fee
- ♦ \$88.75 for UBR Supplemental Fee

If you have any questions regarding this filing, please contact my office.

I remain

Very truly yours,



Rebekah M. Kurdziel  
For the Firm

enclosures

cc: NBK Partnership, LLLP