

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

100049167131
03/25/05 01005 002 **535.00

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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