

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                      |                                                                                   |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A04000001108*</b><br>1. Entity Name<br><b>BRISTOL NMB PARTNERS LIMITED PARTNERSHIP</b> |  |
|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>12995 N.W. 2ND STREET<br/>MIAMI, FL 33182</b> | Mailing Address<br><b>12995 N.W. 2ND STREET<br/>MIAMI, FL 33182</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-LP

CR2E003 (12/06)

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

|                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>ROZENCWAIG, NADEL &amp; FERRERO-CARR, LLP<br/>301 W HALLANDALE BEACH BLVD.<br/>HALLANDALE BEACH, FL 33009</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ |
|-----------------------------------------------------------------------------------------------------------------|------------|

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

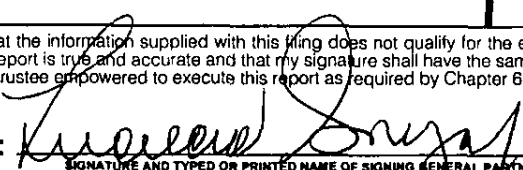
000000791884  
01/23/08-80094-012 508.75

**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 #                      | <b>L04000049026</b>          |
| NAME                            | <b>BRISTOL NMB, LLC</b>      |
| STREET ADDRESS                  | <b>12995 N.W. 2ND STREET</b> |
| CITY-ST-ZIP                     | <b>MIAMI, FL 33182</b>       |
| DOCUMENT #                      |                              |
| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |
| DOCUMENT #                      |                              |
| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |
| DOCUMENT #                      |                              |
| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |
| DOCUMENT #                      |                              |
| NAME                            |                              |
| STREET ADDRESS                  |                              |
| CITY-ST-ZIP                     |                              |

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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

|                                                                                                       |                                                                                        |            |                       |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------|-----------------------|
| <b>SIGNATURE:</b>  | _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | Date _____ | Daytime Phone # _____ |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------|-----------------------|

STAPLE CHECK HERE