

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**DOCUMENT # A00000000940**

1. Entity Name  
**NES HOLDINGS, LTD.**



Principal Place of Business  
**1132 VALENCIA  
CORAL GABLES, FL 33134**

Mailing Address  
**C/O K&O  
1101 BRICKELL AVE., SUITE 800 N  
MIAMI, FL 33131**

**FILED**

**06 MAY -1 PM 1:21**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



05032006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1014867</b>	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDERMAN, ELLIE  
1132 VALENCIA  
CORAL GABLES, FL 33134**

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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>P98000032944</b>
NAME	<b>SOUTHERN ARTS MANAGEMENT CORPORATION</b>
STREET ADDRESS	<b>1132 VALENCIA</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>

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**05/22/06--01033--006 \*\*500.00**

**DO NOT WRITE  
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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

**SIGNATURE:**

*Ellie Schneiderman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**5-2-06**

Date

Daytime Phone #

STAPLE CHECK HERE