


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

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

2. Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 169 E Flagler St
 Suite 800

City & State
 City & State
 Miami, FL

Zip
 Country
 Zip
 Country

4. FEI Number
 65-1014867

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



01032008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHNEIDERMAN, ELLIE 1132 VALENCIA CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____
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

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 # P98000032944 NAME SOUTHERN ARTS MANAGEMENT CORPORATION STREET ADDRESS 1132 VALENCIA CITY-ST-ZIP CORAL GABLES, FL 33134	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.

SIGNATURE: Ellie Schneiderman **ELLIE SCHNEIDERMAN** *March 30 2008* *444-3632*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE