


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

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001814</b> 1. Entity Name <b>NI HOLDINGS, LTD.</b>	
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Principal Place of Business <b>11780 US HWY ONE SUITE 500 NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>11780 US HWY ONE SUITE 500 NORTH PALM BEACH, FL 33408</b>
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03172008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1072799</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>HAILE, SHAW &amp; PFAFFENBERGER, P.A. 660 U.S. HIGHWAY ONE 3RD FLOOR NORTH PALM BEACH, FL 33408</b>
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<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_ 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	
DOCUMENT #	P99000049231
NAME	NF MANAGEMENT, INC.
STREET ADDRESS	11780 US HWY ONE SUITE 500
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

<p>U000000937433 05/27/08-80049-023 500.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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STAPLE CHECK HERE

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:** Donna Doty Donna Doty 4-22-08 561-227-0320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #