


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000619

1. Entity Name
NMBP ASSOCIATES, LTD.



Principal Place of Business
1450 MADRUGA AVENUE, SUITE 303
CORAL GABLES, FL 33146

Mailing Address
1450 MADRUGA AVENUE, SUITE 303
CORAL GABLES, FL 33146



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

01222004 Chg-LP CR2E003 (10/03)

4. FEI Number
73-1643408

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

EBIN, LINDA ESQ.
825 BRICKELL BAY DR, STE 1648
MIAMI, FL 33131-2920

7. Name and Address of New Registered Agent

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.

9. Capital Contributions as Shown on record. **\$2,750,000.00**

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 #	P02000044666	STREET ADDRESS	
NAME	NMBP CORP.	CITY - ST - ZIP	
STREET ADDRESS	1450 MADRUGA AVENUE, SUITE 303		
CITY - ST - ZIP	CORAL GABLES, FL 33146		1000000070717
DOCUMENT #		STREET ADDRESS	02/28/04-80030-012 526.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Eugene J. Coscollola, Jr. 2/2/04 305)662-6840

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