

**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000619</b> 1. Entity Name <b>NMBP ASSOCIATES, LTD.</b>					
Principal Place of Business <b>1450 MADRUGA AVENUE, SUITE 303 CORAL GABLES, FL 33146</b>			Mailing Address <b>1450 MADRUGA AVENUE, SUITE 303 CORAL GABLES, FL 33146</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  <b>EBIN, LINDA ESQ. 825 BRICKELL BAY DR, STE 1648 MIAMI, FL 33131-2920</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$2,750,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P02000044666		STREET ADDRESS		
NAME	NMBP CORP.		CITY - ST - ZIP		
STREET ADDRESS	1450 MADRUGA AVENUE, SUITE 303		CITY - ST - ZIP		
CITY - ST - ZIP	CORAL GABLES, FL 33146		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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> <u>Eugenio J. Cervantes</u> <b>01-19-05</b> <b>(305) 662-6840</b>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		



01192005 Chg-LP CR2E003 (10/03)

4. FEI Number **73-1643408** Applied For ☐ Not Applicable

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

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