


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A02000000619

1. Entity Name
NMBP ASSOCIATES, LTD.



FILED
03 AUG -5 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY SEPTEMBER 24, 2003

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.
C/O COBB & EBIN, P.A.
1399 S.W. FIRST AVENUE, SUITE 301
MIAMI FL 33130**

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.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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

SIGNATURE: _____ **SIGNATURE REQUIRED** **07-07-03 (205) 662-6840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (4/03)

STATE CHECK HERE