

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000651

1. Entity Name
NICKLAUS REI HOLDINGS, LTD.



Principal Place of Business
**11780 U.S. HIGHWAY ONE
SUITE 500
NORTH PALM BEACH, FL 33408**

Mailing Address
**11780 U.S. HIGHWAY ONE
SUITE 500
NORTH PALM BEACH, FL 33408**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

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

03282007 Chg-LP CR2E003 (12/06)

4. FEI Number
20-0450325

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

6. Name and Address of Current Registered Agent

**SCHNARE, JAMES H II
11780 U.S. HIGHWAY ONE
SUITE 500
NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

HAILE, SHAW + PFAFFENBERGER

Street Address (P.O. Box Number is Not Acceptable)
660 U.S. HIGHWAY ONE, 3RD FLOOR

City **NORTH PALM BEACH FL** Zip Code **33408**

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 *Ch. J. Tan* **Asst. Sec.** DATE **4-17-07**

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	L04000030357	STREET ADDRESS	
NAME	NREI, LLC	CITY-ST-ZIP	
STREET ADDRESS	11780 U.S. HIGHWAY ONE		
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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: *Gary T. Nicklaus* **GARY T. NICKLAUS** DATE **4.17.07** DAYTIME PHONE # **561.227.0300**

STAPLE CHECK HERE