

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 14 AM 8:17

DOCUMENT # A04000001474

1. Entity Name
NBK PARTNERSHIP, LLLP.



Principal Place of Business
1206 EAST RIDGEWOOD STREET
ORLANDO, FL 32803

Mailing Address
1206 EAST RIDGEWOOD STREET
ORLANDO, FL 32803



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202008 Chg-LP CR2E003 (12/06)

4. FEI Number
20-1660083

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELOACH BRYANT, CARLA ESQ
1206 EAST RIDGEWOOD STREET
ORLANDO, FL 32803

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 # L06000096104
NAME NBK HOLDINGS, LLC
STREET ADDRESS 1206 EAST RIDGEWOOD STREET
CITY-ST-ZIP ORLANDO, FL 32803

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900123072469
04/11/08--01048--024 **500.00

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 M. Moulton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

March 27, 2008
Date

Date

Daytime Phone #

407-498-1779

STAPLE CHECK HERE