

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 17 PM 1:11

1. Name of Limited Partnership  NLI PARTNERS, LTD.		1a. DOCUMENT # A07771	
Mailing Address  5500 N.W. 69TH AVENUE LAUDERHILL FL 33319		Principal Office Address  5500 N.W. 69TH AVENUE LAUDERHILL FL 33319	
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Formed or Registered 08/03/1979		5a. Capital Contributions as Shown on record. \$681,062.00	
3a. Date of Last Report 12/29/1997		5b. Amount of Capital Contributions in FLORIDA to date: Same as 5a.	
4. State or Country of Formation FL		6. FEI Number 59-2037807 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  LITWER, BRUCE B. 5500 N.W. 69TH AVENUE LAUDERHILL FL 33319		10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)  NEWPAR LAND INVESTORS	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  5500 N.W. 69TH AVE.	11b. City, State & Zip Code  LAUDERHILL FL	11c. Registration/ Document Number  G93127900001
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\*\*\*\*526.25 \*\*\*\*526.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE December 14, 1998

Typed or Printed Name of General Partner Signing Form **BRUCE B. LITWER, Authorized Agent** Daytime Telephone Number **954/572-2112**

CR2E003 (8/98)