

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY-FEE**

FILED

97 DEC -8 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1. Name of Limited Partnership</b>  NMIP, LTD.	<b>1a. DOCUMENT #</b> <b>A19620</b>  <i>98-AR CM</i>
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<b>Mailing Address</b> % PHILLIP A. THOMAS 1233 Alegriano Ave Coral Gables, FL 33146	<b>Principal Office Address</b> % PHILLIP A. THOMAS 1233 Alegriano Ave Coral Gables FL 33146
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3. Date Formed or Registered</b> 04/02/1985	<b>5a. Capital Contributions as Shown on record</b>  \$715,000.00
<b>3a. Date of Last Report</b> 01/22/1997	
<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
<b>6. FEI Number</b> 59-2547476	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>
THOMAS, PHILLIP A. 1233 ALEGRIANO AVENUE CORAL GABLES FL 33146

<b>10. If changed, new Registered Agent/Office</b>
Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City Zip Code
200002375102-5 -12/17/97--01078--001 ***541.25 ***541.25 FL

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
THOMAS, PHILLIP A.	1233 ALEGRIANO AVENUE	CORAL GABLES FL	
GRANOFF, EDWARD	9003 N.W. 29RD PLACE 13000 S.W. 120 ST.	CORAL SPRINGS FL 33066 MIAMI FL 33186	

**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 Phillip A. Thomas DATE 10/20/97  
 Typed or Printed Name of General Partner Signing Form Phillip A. Thomas Daytime Telephone Number (305) 4772800

CR2E003 (6/97)