


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A22448		
1. Entity Name N & G INVESTMENTS, LTD.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -2 AM 11:11

Principal Place of Business 2313 NE 15TH TERR WILTON MANORS FL 33305	Mailing Address 2313 NE 15TH TERR WILTON MANORS FL 33305
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0001066		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPECK, NORMAN B. 2313 NE 15TH TERRACE WILTON MANORS FL 33305		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

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$29,700.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	F93105	STREET ADDRESS	
NAME	N.B. SPECK GENERAL CONTRACTORS, INC.	CITY-ST-ZIP	
STREET ADDRESS	2313 NE 15TH TERRACE		
CITY-ST-ZIP	WILTON MANORS FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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:

Norman B. Speck **Norman B Speck** 2-24-05 934-566-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE