

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**

**04 JUL 13 AM 10:40**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**MJH**



07012004 Chg-LP CR2E003 (10/03) **7/13**

4. FEI Number **65-0549832** Applied For ☒ Not Applicable

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

**DOCUMENT # A95000000033**  
1. Entity Name  
**NRV/CAB PARTNERS 1, LTD.**



Principal Place of Business  
**21 ALMERIA AVE  
CORAL GABLES, FL 33134**

Mailing Address  
**21 ALMERIA AVE  
CORAL GABLES, FL 33134**

2. Principal Place of Business  
**2600 Douglas Road  
Suite 405  
Coral Gables, FL  
33134**

3. Mailing Address  
**2600 Douglas Road  
Suite 405  
Coral Gables, FL  
33134**

6. Name and Address of Current Registered Agent  
**STEARNS WEAVER MILLER WEISSLER, ET AL  
C/O RICHARD E. SCHATZ  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130**

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

9. Capital Contributions as Shown on record. **\$360,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		
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	STREET ADDRESS	CITY-ST-ZIP	
	CITY-ST-ZIP		

**700039685867**  
**07/29/04--01028--001 \*\*526.25**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**7/1/04**  
Date

Daytime Phone #

STAPLE CHECK HERE