

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 11:51

**DOCUMENT # A96000001658**

1. Entity Name  
 NEW RIVER ASSOCIATES, LTD.



Principal Place of Business  
 ONE SE 3RD AVENUE., SUITE 3100  
 MIAMI, FL 33131

Mailing Address  
 ONE SE 3RD AVENUE., SUITE 3100  
 MIAMI, FL 33131

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

3. Mailing Address  
 800 Brickell Ave.

Suite, Apt. #, etc.  
 PH 1

Suite, Apt. #, etc.  
 PH 1

03052008 Chg-LP CR2E003 (12/06)

City & State  
 Miami FL

City & State  
 Miami FL

4. FEI Number  
 65-0700400

Applied For  
 Not Applicable

Zip  
 33131

Country  
 US

Zip  
 33131

Country  
 US

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

**6. Name and Address of Current Registered Agent**

NRD GROUP, INC.  
 ONE SE 3RD AVENUE., SUITE 3100  
 MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

800 Brickell Ave PH 1  
 City Miami FL Zip Code 33131

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 # P96000073762  
 NAME NRD GROUP, INC.  
 STREET ADDRESS ONE SE 3RD AVENUE., SUITE 3100  
 CITY-ST-ZIP MIAMI, FL 33131

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS 800 Brickell Ave., PH 1  
 CITY-ST-ZIP MIAMI FL 33131

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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DOCUMENT #  
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 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

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:

GRANDIT TRACY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/14/08 305-350-1901

STAPLE CHECK HERE