

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -6 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001915 1. Entity Name NDK LIMITED PARTNERSHIP					
Principal Place of Business 154 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084			Mailing Address 154 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084		
2. Principal Place of Business Suite, Apt. #, etc.: <i>Same as above</i>		3. Mailing Address Suite, Apt. #, etc.: <i>Same as above</i>			
City & State _____		City & State _____		4. FEI Number 59-3466685	
Zip _____		Zip _____		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUCH, ROMMELLE V 154 SAN MARCO AVENUE ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Numbers Not Acceptable) <i>Same</i> _____ 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 <i>[Signature]</i> 4/23/05 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$20,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$20,000.00		11. 237.50	
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 #	P97000076638			STREET ADDRESS	
NAME	NDK MANAGEMENT CORPORATION			CITY-ST-ZIP	
STREET ADDRESS	154 SAN MARCO AVENUE				
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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STAPLE CHECK HERE

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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: *[Signature]* 4/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER