


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

**FILED**  
**Jun 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002511</b>					
1. Entity Name CEEBRAID-SIGNAL NOB HILL LIMITED PARTNER, LTD.					
Principal Place of Business 250 AUSTRALIAN AVENUE SOUTH, SUITE 1003 WEST PALM BEACH, FL 33401			Mailing Address 250 AUSTRALIAN AVENUE SOUTH, SUITE 1003 WEST PALM BEACH, FL 33401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0796206	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CEEBRAID-SIGNAL NHLPGP, INC. 250 AUSTRALIAN AVENUE SOUTH, SUITE 1003 WEST PALM BEACH, FL 33401				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00			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.					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000098605		STREET ADDRESS		
NAME	CEEBRAID-SIGNAL NHLPGP, INC.		CITY-ST-ZIP	1100000369418 06/10/05-80006-011 141.25	
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH, SUITE 1003		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Ceebraid-Signal NHLPGP, INC.</u> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date _____ Daytime Phone # _____					

SINGLE GREEN PAPER

Jason Schlesinger Director