

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000002627

1. Entity Name
NEWCO ACQUISITION PARTNER, LTD.



Principal Place of Business
**1400 N.W. 107TH AVENUE
 MIAMI, FL 33172-2704**

Mailing Address
**1400 N.W. 107TH AVENUE
 MIAMI, FL 33172-2704**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02182005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0810682

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

6. Name and Address of Current Registered Agent
**LEVY, JOEL
 1400 N.W. 107TH AVENUE
 MIAMI, FL 33172-2704**

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. **\$2,378,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000097067 ADLER NAP-GP, INC. 1400 N.W. 107TH AVENUE MIAMI, FL 331722704	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)(f), 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: Joel Levy **Joel Levy**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Executive Vice President** 4/15/05 (305) 392-4050
Date Daytime Phone #

STAPLE CHECK HERE