


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002824		
1. Entity Name NLB, LTD.		

Principal Place of Business P.O. BOX 56811 JACKSONVILLE FL 32241-6811	Mailing Address P.O. BOX 56811 JACKSONVILLE FL 32241-6811
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3482923		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MAIGE, ROBERT L 847 OLD GROVE MANOR JACKSONVILLE FL 32207	

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 \$1,034,368.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	MAIGE, ANNE MARIE LEW	CITY - ST - ZIP	
CITY - ST - ZIP	847 OLD GROVE MANOR JACKSONVILLE FL 32207		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	LEWIS, BETTY JEAN	CITY - ST - ZIP	
CITY - ST - ZIP	2329 SEGOVIA AVENUE JACKSONVILLE FL 32217		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

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05/13/04-80011-006 526.25

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: *Betty Jean Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/14/04

Date

Daytime Phone #

STAPLE CHECK HERE