

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 12 PM 4:52

DOCUMENT # A99000000879

1. Entity Name
NICKLAUS/MN, LTD.



Principal Place of Business
**11780 U.S. HIGHWAY ONE, SUITE 500
NORTH PALM BEACH, FL 33408**

Mailing Address
**11780 U.S. HIGHWAY ONE, SUITE 500
NORTH PALM BEACH, FL 33408**



03172008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0990530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAILE, SHAW & PFAFFENBERGER, P.A.
660 U.S. HIGHWAY ONE
3RD FLOOR
NORTH PALM BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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 #	P99000049231
NAME	NICKLAUS FAMILY MANAGEMENT, INC.
STREET ADDRESS	11780 U.S. HIGHWAY ONE, SUITE 500
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
DOCUMENT #	P99000049231
NAME	NE management INC.
STREET ADDRESS	11780 U.S. HIGHWAY ONE #500
CITY - ST - ZIP	North Palm Beach, FL 33408
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/08/08--01014--001 **500.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]

3/26/08

561-227-0320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE