


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A99000001218</b> 1. Entity Name NASHVILLE INTERNATIONAL GP, LTD.	
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Principal Place of Business 300 SE 2ND ST. FORT LAUDERDALE, FL 33301	Mailing Address 300 SE 2ND ST. FORT LAUDERDALE, FL 33301
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0941811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  JONES, PATRICIA 300 SE 2ND ST. C/O STILES CORPORATION FORT LAUDERDALE, FL 33301
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**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.

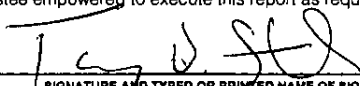
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	P99000066386
NAME	NASHVILLE INTERNATIONAL GP, INC.
STREET ADDRESS	300 SE 2ND ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000721114  
05/01/07-80131-021 500.00

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			
<b>SIGNATURE:</b> 	<b>Terry W. Stiles</b>	<b>4/10/07</b>	<b>954-627-9300</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE