
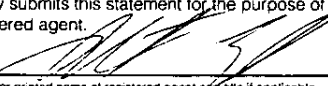
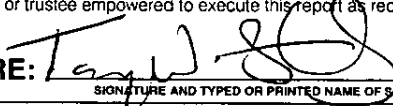


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 31 PM 3: 52

DOCUMENT # A99000001218					
1. Entity Name NASHVILLE INTERNATIONAL GP, LTD.					
Principal Place of Business 300 SE 2ND ST. FORT LAUDERDALE, FL 33301			Mailing Address 300 SE 2ND ST. FORT LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, PATRICIA 300 SE 2ND ST. C/O STILES CORPORATION FORT LAUDERDALE, FL 33301			Name Robert Esposito		
			Street Address (P.O. Box Number is Not Acceptable) c/o Stiles Corporation		
			300 SE 2nd Street		
			City Fort Lauderdale FL Zip Code 33301		
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 			Robert Esposito 1/31/08 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000066386		STREET ADDRESS		
NAME	NASHVILLE INTERNATIONAL GP, INC.		CITY-ST-ZIP	200121510702	
STREET ADDRESS	300 SE 2ND ST.			03/28/08 01012-006 **500.00	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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: 			Terry W. Stiles January 31, 2008 954-627-9300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE