



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001219 1. Entity Name NASHVILLE INTERNATIONAL ASSOCIATES, LTD.					
Principal Place of Business 300 SE 2ND ST. FT. LAUDERDALE, FL 33301			Mailing Address 300 SE 2ND ST. FT. LAUDERDALE, FL 33301		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
					
01062005 Chg-LP CR2E003 (10/03)					
4. FEI Number 65-0941812				Applied For <input type="checkbox"/> Not Applicable	
Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JONES, PATRICIA 300 SE 2ND ST. C/O STILES CORPORATION FT. LAUDERDALE, FL 33301				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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,200,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$1,176,000.00		
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 # NAME STREET ADDRESS CITY-ST-ZIP	A99000001218 NASHVILLE INTERNATIONAL GP, LTD. 300 SE 2ND ST. FT. LAUDERDALE, FL 33301		STREET ADDRESS CITY-ST-ZIP	000000366120 05/11/05-80032-004 528.25	
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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: <u>Patricia A. Jones</u> 4/25/05 954/627-9300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE