

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A99000001734	
1. Entity Name NOLAN'S BUILDING DEVELOPERS GROUP, LTD.	

Principal Place of Business 1891 NW 33RD COURT POMPANO BEACH, FL 33064	Mailing Address 1891 NW 33RD COURT POMPANO BEACH, FL 33064
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03042004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0956098	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NOLAN, BONNIE 1891 NW 33RD COURT POMPANO BEACH, FL 33064

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 _____ Signature typed or printed name of registered agent and fee if applicable	DATE _____
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9. Capital Contributions as Shown on record \$114,080.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #	P99000076842	STREET ADDRESS	
NAME	NOLAN'S BUILDING DEVELOPERS GROUP INC	CITY-ST-ZIP	
STREET ADDRESS	1891 NW 33RD COURT		
CITY-ST-ZIP	POMPANO BEACH, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	U000000160235
STREET ADDRESS			05/13/04-80013-002 535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: <i>William P. Nolan</i>	3/10/04	954-971-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #