

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR-21 AM 8:37

|   |                                       |                     |   |   |  |
|---|---------------------------------------|---------------------|---|---|--|
| <b>DOCUMENT # A99000001734</b><br>1. Entity Name<br>NOLAN'S BUILDING DEVELOPERS GROUP, LTD.   |                                       |                     |   |                    |  |
| Principal Place of Business<br>1891 NW 33RD COURT<br>POMPANO BEACH, FL 33064  |                                       |                     | Mailing Address<br>1891 NW 33RD COURT<br>POMPANO BEACH, FL 33064  |   |  |
| 2. Principal Place of Business  |                                       | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                                       | Suite, Apt. #, etc. |   |   |  |
| City & State  |                                       | City & State        |   | 02142005    Chg-LP    CR2E003 (10/03)   |  |
| Zip   |                                       | Country             |   | 4. FEI Number<br><b>65-0956098</b>  |  |
|   |                                       |                     |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent   |                                       |                     |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| NOLAN, BONNIE<br>1891 NW 33RD COURT<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                       |                     |   |   |  |
| 9. Capital Contributions as Shown on record.    \$114,080.00  |                                       |                     | 10. Amount of Capital Contributions in FLORIDA to date.           |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                       |                     |   |   |  |
| 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   |   |  |
| STREET ADDRESS  |                                       |                     |   |   |  |
| CITY-ST-ZIP   |                                       |                     |   |   |  |
| DOCUMENT #  |                                       |                     | STREET ADDRESS  |   |  |
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| STREET ADDRESS  |                                       |                     |   |   |  |
| CITY-ST-ZIP   |                                       |                     |   |   |  |
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| STREET ADDRESS  |                                       |                     |   |   |  |
| CITY-ST-ZIP   |                                       |                     |   |   |  |
| DOCUMENT #  |                                       |                     | STREET ADDRESS  |   |  |
| 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 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>Bonnie Nolan Sec</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                                       |                     | 3/17/05    954-971-4800<br><small>Date    Daytime Phone #</small> |   |  |

STAPLE CHECK HERE