

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

DOCUMENT # B02000000407

1. Entity Name  
NES TRAFFIC SAFETY, L.P.

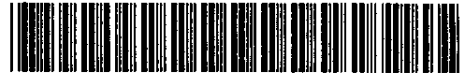


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:51

Principal Place of Business  
3100 N.W. 17TH AVENUE  
MIAMI FL 33127

Mailing Address  
1603 ORRINGTON AVENUE, #1600  
EVANSTON IL 60201



MOORE CR2E003 (11/03)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
8770 W. Bryn Mawr  
4th Floor

City & State  
Chicago IL

Zip Country  
60631 USA

4. FEI Number 74-2985312  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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

9. Capital Contributions as Shown on record. \$1,000.00  
10. Amount of Capital Contributions in FLORIDA to date. 1,000  
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	F02000000012	STREET ADDRESS	8770 W. Bryn Mawr Ave.
NAME	NES INDIANA PARTNERS, INC.	CITY-ST-ZIP	4th Floor Chicago, IL 60631
STREET ADDRESS	1603 ORRINGTON AVENUE		
CITY-ST-ZIP	EVANSTON IL 60201		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300029300373
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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: Michael D. Milligan Michael D. Milligan SVP+CEO 2/2/04 (773) 695-3999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #