


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 17 AM 10:22

DOCUMENT # B02000000407			
1. Entity Name NES TRAFFIC SAFETY, L.P.			
Principal Place of Business 3100 N.W. 17TH AVENUE MIAMI, FL 33127		Mailing Address 8770 W. BRYN MAWR, 4TH FLOOR CHICAGO, IL 60631	
2. Principal Place of Business 8770 W. Bryn Mawr Suite, Apt. #, etc. FL 4		3. Mailing Address Suite, Apt. #, etc.	
City & State Chicago, IL		City & State	
Zip 60631	Country	Zip	Country
4. FEI Number 74-2985312		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	F02000000012 NES INDIANA PARTNERS, INC. 8770 W BRYN MAWR AVE., 4TH FLOOR CHICAGO, IL 60631	STREET ADDRESS CITY-ST-ZIP	700063069397 03/30/06--01067--007 **500.00
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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: <i>Michael D. King</i>		Date: 3/15/06	Daytime Phone #: 778-695-3999
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE