


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B99000000206</b>	
1. Entity Name NALP LIMITED PARTNERSHIP	

Principal Place of Business 38500 WOODWARD AVE., STE. 310 BLOOMFIELD HILLS, MI 48304	Mailing Address 38500 WOODWARD AVE., STE. 310 BLOOMFIELD HILLS, MI 48304
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01052004 Chg-LP CR2E003 (10/03)

4. FEI Number 13-3436749	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARONOFF, JANET 626 GULF SHORE BOULEVARD SOUTH NAPLES, FL 34102		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. \$10,669,746.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	B99000000205 AIRIDGE ASSOCIATES LIMITED PARTNERSHIP 38500 WOODWARD AVE., STE. 310 BLOOMFIELD HILLS, MI 48304	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	B01000000322 NAPLES C.C. PARTNERS LIMITED PARTNERSHIP 38500 WOODWARD AVE., STE. 310 BLOOMFIELD HILLS, MI 48304	STREET ADDRESS CITY-ST-ZIP	000000158491 05/07/04-80023-019 526.25
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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)(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:**  **01-06-04 248-642-0190**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER JANET ARONOFF Date Caring Phone #

STAPLE CHECK HERE