


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 23 AM 9:05

DOCUMENT # B99000000206					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3436749	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARONOFF, JANET 626 GULFSHORE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,669,746.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	B99000000205		STREET ADDRESS		
NAME	AIRIDGE ASSOCIATES LIMITED PARTNERSHIP		CITY-ST-ZIP		
STREET ADDRESS	38500 WOODWARD AVE., STE. 310				
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304				
DOCUMENT #	B01000000322		STREET ADDRESS		
NAME	NAPLES C.C. PARTNERS LIMITED PARTNERSHIP		CITY-ST-ZIP		
STREET ADDRESS	38500 WOODWARD AVE., STE. 310				
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

000056308350
06/17/05--01062--011 **141.25
000056308350
06/17/05--01062--012 **385.00