


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B99000000206 1. Entity Name NALP LIMITED PARTNERSHIP	
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FILED
 06 MAY -1 PM 1:45
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



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 21 E Long Lake Road Suite, Apt. #, etc. Suite 100 City & State Bloomfield Hills, MI Zip 48304	3. Mailing Address 21 E Long Lake Road Suite, Apt. #, etc. Suite 100 City & State Bloomfield Hills, MI Zip 48304
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04062006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent ARONOFF, JANET 626 GULF SHORE BOULEVARD SOUTH NAPLES, FL 34102	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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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.

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 #	B99000000205	STREET ADDRESS	21 E. Long Lake Road, Suite 100
NAME	AIRIDGE ASSOCIATES LIMITED PARTNERSHIP	CITY-ST-ZIP	Bloomfield Hills, MI, 48304
STREET ADDRESS	38500 WOODWARD AVE., STE. 310		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304		
DOCUMENT #	B01000000322	STREET ADDRESS	21 E Long Lake Road, Suite 100
NAME	NAPLES C.C. PARTNERS LIMITED PARTNERSHIP	CITY-ST-ZIP	Bloomfield Hills, MI, 48304
STREET ADDRESS	38500 WOODWARD AVE., STE. 310		
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304		
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STREET ADDRESS			
CITY-ST-ZIP			

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 05/17/06--01004--019 **500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER

4/21/06
Date

Daytime Phone #

Daniel J. Aronoff

STAPLE CHECK HERE