

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B99000000206

1. Entity Name
NALP LIMITED PARTNERSHIP



Principal Place of Business
21 E LONG LAKE ROAD, SUITE 100
BLOOMFIELD HILLS, MI 48304

Mailing Address
21 E LONG LAKE ROAD, SUITE 100
BLOOMFIELD HILLS, MI 48304

FILED

07 MAY 18 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102007

Chg-LP

CR2E003 (12/06)

4. FEI Number

13-3436749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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)

800 Seagate Dr., Suite 302

City
Naples

FL Zip Code
34103

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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
NAME AIRIDGE ASSOCIATES LIMITED PARTNERSHIP
STREET ADDRESS 21 E LONG LAKE ROAD, SUITE 100
CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304

STREET ADDRESS

CITY-ST-ZIP

100103629361

05/31/07--01054--019 **500.00

DOCUMENT # B01000000322
NAME NAPLES C.C. PARTNERS LIMITED PARTNERSHIP
STREET ADDRESS 21 E LONG LAKE ROAD, SUITE 100
CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/07

Date

Daytime Phone #

STAPLE CHECK HERE