

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01242008 No 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

ARONOFF, JANET
800 SEAGATE DR., SUITE 302
NAPLES, FL 34103

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IN THIS SPACE

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, 2008, 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

DOCUMENT # **B99000000205**
NAME **AIRIDGE ASSOCIATES LIMITED PARTNERSHIP**
STREET ADDRESS **21 E LONG LAKE ROAD, SUITE 100**
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

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**

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U00000930824
05/21/08-80125-010 500.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE