2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018356 AB

DOCUMENT # B99000000206

1. Entity Name
NALP LIMITED PARTNERSHIP

FILED
03 MAR 24 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
38500 WOODWARD AVE.. STE. 310 BLOOMFIELD HILLS MI 48304	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	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

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

9. Capital Contributions as Shown on record. $10,669,746.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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		
STREET ADDRESS	38500 WOODWARD AVE., STE. 310	CITY-ST-ZIP	100014552931
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304		
DOCUMENT #	B01000000322	STREET ADDRESS	03/24/03--01059--012 **526.25
NAME	NAPLES C.C. PARTNERS LIMITED PARTNERSHIP		
STREET ADDRESS	38500 WOODWARD AVE., STE. 310	CITY-ST-ZIP	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304		
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CITY-ST-ZIP			

CR2E003 (10/02)

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: SIGNATURE REQUIRED 1-7-03 248-642-0190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ARNOLD Y. ARONOFF Date Daytime Phone #