2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
07 APR 10 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002382

1. Entity Name
HEALTHEXCEL, LTD.

Principal Place of Business	Mailing Address
12905 SW 42ND STREET SUITE 212 MIAMI, FL 33175	12905 SW 42ND STREET SUITE 212 MIAMI, FL 33175

03222007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
12905 SW 42nd Street	12905 SW 42nd Street
Suite, Apt. #, etc. Suite 212	Suite, Apt. #, etc. Suite 212
City & State Miami, FL	City & State Miami, FL
Zip 33175 Country USA	Zip 33175 Country USA

4. FEI Number
59-3476365
☐ 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
AMERICAN INFORMATION SERVICES, INC. 350 E. LAS OLAS BLVD 16TH FLOOR FORT LAUDERDALE, FL 33301	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road City: Plantation FL Zip: 33324

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: Connie Burg DATE

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

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 #	P97000093358	STREET ADDRESS	12905 SW 42nd Street, Suite 212
NAME	NAN II, INC.	CITY-ST-ZIP	Miami, FL 33175
STREET ADDRESS	13680 NW 5TH STREET, STE. 100		
CITY-ST-ZIP	SUNRISE, FL 33325		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Keith Callen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #