2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Mar 22, 2006 08:00 Al DOCUMENT # A98000001152 **Secretary of State** 1. Entity Name NH6 GROUP II, LTD. Principal Place of Business Mailing Address 2295 CORPORATE BLVD., NW 2295 CORPORATE BLVD., NW, SUITE 222 P.O. BOX 5010 SUITE 222 BOCA RATON, FL 33431-0810 BOCA RATON, FL 33431 01182008 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0833836 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERRICK, NORTON DO NOT WRITE 2295 CORPORATE BLVD., NW, SUITE 222 BOCA RATON, FL 33431 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, typed or printed name of registered agent and title if applicable | 1000000476724 ||4/06/06-80022-001 7122.50 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P98000042156 NAME G-P NH6 GROUP II, INC. STREET ADDRESS 2295 CORPORATE BLVD., N.W., SUITE 222 CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # MANAF STREET ADDRESS CITY-ST-ZIP

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:

STAPLE CHECK HERE

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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Daytime Phone #