2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -5 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000352 1 AV

DOCUMENT # A98000001277

1. Entity Name

NH6 ILL., LTD.

Principal Place of Business	Mailing Address
2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON FL 33431-0810	2295 CORPORATE BLVD. NW SUITE 222 BOCA RATON FL 33431

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, 2002

4. FEI Number 65-0837026 ☐ 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
THE HERRICK COMPANY, INC. ATTN: NORTON HERRICK 2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON FL 33431	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.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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 #	P98000046069	STREET ADDRESS	FF $141.25
NAME	G-P NH6 ILL., INC.	CITY-ST-ZIP	CHS 8.75
STREET ADDRESS	2295 CORPORATE BLVD., N.W., SUITE 222		
CITY-ST-ZIP	BOCA RATON FL 33431-0810		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200005194292--6
NAME			-04/05/02--01016--009
STREET ADDRESS		CITY-ST-ZIP	***7310.00 ****150.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	TB
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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 VP of GP 3/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #