

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED


2007 MAR 19 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092007 No Chg-LP CR2E003 (12/06)

DOCUMENT # A98000001277
1. Entity Name
NH6 ILL., LTD.



Principal Place of Business 2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON, FL 33431-0810	Mailing Address 2295 CORPORATE BLVD, NW SUITE 222 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0837026	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE HERRICK COMPANY, INC.
ATTN: NORTON HERRICK
2295 CORPORATE BLVD., N.W., SUITE 222
BOCA RATON, FL 33431

DO NOT WRITE 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 _____ 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	
DOCUMENT #	P98000046069
NAME	G-P NH6 ILL., INC.
STREET ADDRESS	2295 CORPORATE BLVD., N.W., SUITE 222
CITY-ST-ZIP	BOCA RATON, FL 33431
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

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: M. A. Kull Controller of GP 2/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

3/20/07