

**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

**DO NOT WRITE IN THIS SPACE**

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

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                     |                                       |
| DOCUMENT #                      |                                       |
| NAME                            |                                       |
| STREET ADDRESS                  |                                       |
| CITY-ST-ZIP                     |                                       |
| DOCUMENT #                      |                                       |
| NAME                            |                                       |
| STREET ADDRESS                  |                                       |
| CITY-ST-ZIP                     |                                       |
| DOCUMENT #                      |                                       |
| NAME                            |                                       |
| STREET ADDRESS                  |                                       |
| 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