

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001247**

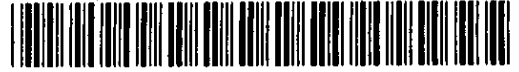
1. Entity Name

NHA@GRAND JUNCTION LIMITED PARTNERSHIP

FILED

00 MAY 10 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
999 PONCE DE LEON BLVD., SUITE 630
CORAL GABLES FL 33134

Mailing Address
999 PONCE DE LEON BLVD., SUITE 630
CORAL GABLES FL 33134-3042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0937730

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

**CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$750,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P99000060537**
NAME **NHA@GRAND JUNCTION, INC.**
STREET ADDRESS **999 PONCE DE LEON BLVD., SUITE 630**
CITY - ST - ZIP **CORAL GABLES FL 33134**

STREET ADDRESS
CITY - ST - ZIP

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*****526.25 ***526.25**

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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/00 Date 305444500 Daytime Phone #