

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAR 18 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0001585 AV

**DOCUMENT # A99000001247**

1. Entity Name

**NHA@GRAND JUNCTION LIMITED PARTNERSHIP**

Principal Place of Business

Mailing Address

999 PONCE DE LEON BLVD., SUITE 950  
CORAL GABLES FL 33134

999 PONCE DE LEON BLVD., SUITE 950  
CORAL GABLES FL 33134

**MJH**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**65-0937730**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 950**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP  
**000005169030--3**  
**-03/26/02--01044--013**  
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CITY-ST-ZIP

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

Date: **4/17/02** Daytime Phone #: **305-444-1207**

CP2E003 (9/01)

STAPLE CHECK HERE