


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # A99000001247

1. Entity Name
NHA@GRAND JUNCTION LIMITED PARTNERSHIP



Principal Place of Business
999 PONCE DE LEON BLVD., SUITE 950
CORAL GABLES, FL 33134

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01082004 Chg-LP CR2E003 (10/03)

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

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

B. 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

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

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	NAME	STREET ADDRESS	CITY - ST - ZIP
P99000060537	NHA@GRAND JUNCTION, INC.	999 PONCE DE LEON BLVD., SUITE 950	CORAL GABLES, FL 33134

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY - ST - ZIP

U00000114992
04/16/04-80006-011 535.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(c), 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: Patricia Greenberg 4/7/04 305-444-9007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #