

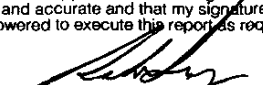


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 AUG 22 AM 9:54

DOCUMENT # A05000002045					
1. Entity Name NRH, LTD.					
Principal Place of Business 6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON, FL 33487			Mailing Address 6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON, FL 33487		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
				07192006 Chg-LP CR2E003 (11/05)	
				4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAZIER, ROBERT W 6550 NORTH FEDERAL HIGHWAY, SUITE 220 FORT LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$900.00 On or after September 6, 2006, Fee will be \$1000.00					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	LEVY, ROBERT A		CITY-ST-ZIP		
CITY-ST-ZIP	6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON, FL 33487		600079218146 08/24/06--01/24--012 **900 00		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	SCHWIER, HENRY S JR		CITY-ST-ZIP		
CITY-ST-ZIP	600 WASHINGTON BLVD. SEA GRIT, NJ 08750				
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CITY-ST-ZIP					
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: 			7/23/06 (954)370-7788		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE