2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	DOCUMENT # A25711							FILEU				
	Entity Name N H, LT								0005			
									2005 A	IPR -6	PM 4: 36	
Prin	Principal Place of Business Mailing Address								DIVISIO	N UT 00	RPORATIONS	
601	6011 HIGHWAY 92 W. 6011 HIGHWAY 92 W. PLANT CITY, FL 33567 PLANT CITY, FL 33567					7			TALL	AHÁSSE	E, FLORIDA	
								1 (47) (8) (8)	KING CINK ISON MUNI JI	A ACRIL BIRTH BYRI	a disen diena distinui er isan	
2. 5	Principal Pl	incipal Place of Business 3. Mailing A				g Address						
5	Suite, Apt. #, etc.				Suite. Apt. #, etc.			02052005	Chg-LP	CR2E0	03 (10/03)	
	City & State			City & State			4. FEI Number 59-2159			Applied For Not Applicable		
7	zi 3 3.	566	Country		33566	Cour	ntry	5. Certificate o	of Status Desired		\$8.75 Additional Fee Required	
	Name and Address of Current Registered Agent						Name	7. Name and	Address of New F	Registered A	gent	
HE	HERRMANN, JOSEPH W.											
60	6011 HIGHWAY 92 W. PLANT CITY, FL 33566						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.											
SIG	SIGNATURE Synature, typed or presided name of registered agont and the Capacitable.									DAIE		
	9. Capital Contributions as Shown on record. \$300,000.00 In FLORIDA to de						butions					
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.											
10	NOTE: General Partners MAY NOT be changed on to 12. GENERAL PARTNER INFORMATION					_		nt must be filed				
12. 000	UMENT /		GENI	RAL PARTNER IN	OHMATION	13.			ADDRESS CH	ANGES ONL	Y	
NAM		HERRMANN, JOSEPH W. 6011 HIGHWAY 92 W. PLANT CITY, FL			ST		EET ADDRESS					
	ET ADORESS ST-ZIP					CITY	/-ST-ZIP					
DOCU	ument#					STR	EET ADDRESS					
	et address - St-Zip					CITY	'-ST-ZIP	5.0 04/22	00051 2050101	616: 0025	1 25 **526, 25	
00CL NAME	ument #				1 112	STR	EET ADORESS					
	eet address '+ST+ZIP					CITY	∕-St-ZIP					
DOCU	UMENT#					STR	EET ADDRESS					
STRE	ET ADORESS - ST-ZIP					CITY	/-ST-ZIP					
CHECK HERE	ument / E					STR	EET ADDRESS					
	et address -st-zip	3 .				CITY	∕-St-ZiP					
STAPLE	UMENT # IE					STR	EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP					CITY	∕-ST-ZIP					
130	14. Thereby 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 the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes											
SI	SIGNATURE: JOSEPH W. HERRAND 4-4-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Dato Daylorge Phone #											
	Joseph W. Herrmann											