FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1999		DIVISION OF CO		ONS				
1. Name of Limited Partnership	^{1a.} A9	DOCUM 3000000	<u>t</u>	98 DEC 15 PM 2: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
NH WALKING, LTD.	,				TALLAHASSEE,			
Mailing Address	Principal Offi	Principal Office Address			3. Date Formed or Registered	te Formed or Registered 5a. Capital Contributions as Shown on record.		
P.O. BOX 5010 BOCA RATON FL 33431		2295 CORPORATE BOULEVARD. N.W., SUITE 222 BOCA RATON FL 33431			08/13/1993 3a. Date of Last Report 12/15/1997	08/13/1993 • Date of Last Report \$100.00		
2. Mailing Address 2a. Principal Office Address				4. State or Country of Formation	to date:			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. FEI Number 65-0429261	1	Applied For Not Applicable	
City & State Zip Country	City & State	City & State Zip Country			7. Certificate of Status Desired	<u> </u>	\$8.75 Additions	
Zip County	Σψ	Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent					10. If changed, new Registered Agent/Office			
HERRICK, NORTON		Name						
2295 CORPORATE BOULEVARD, N.W.			Street Address (P.O. Box Number Is Not Acceptable)					
BOCA RATON FL 33431			Suite, Apt. #, etc.					
			City				Zip Code	
10a. Pursuant to the provisions of sections 62 for the purpose of changing its registered agent. I am familiar with, and accept the	d office or registered agent, or	both, in the State of Florid	l limited partne a. Such chang	ership organi ge was autho	zed or registered under the laws of the rized by its general partner(s). I hereby	State of Ftorion accept the a	da, submits this statem ppointment of registere	ient id
SIGNATURE (Registered Agent Accepting Appoint					DATE_	<u> </u>		
A GENERAL PARTNER					NERSHIP OR OTHE 'H THIS OFFICE.	R BUSI	NESS ENTI	TY
11. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code		11c.	11c. Registration/ Document Number	
G-P TWC, INC.	2295 C	2295 CORPORATE BOULEV		BOCA RATON FL 33431		P93000056959		
					****15	211 6010 0-00	211507 01074001 00 ****150.00	
• •					` AL	DEC	2 1 19 98 1	
Note: General partners MA	/ NOT he change	d on this form	· an am	andmer	nt must be filed to sha	nge a g	anoral nartne	
12. I do hereby certify that the information supp			·					
Corporations from any liability of non-compli this annual report is true and accurate and t	iance with Section 119.07(3)(k) in the event that the info	rmation suppl	ied is deeme	d exempt from public access. I further o	certify that the	information indicated	

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form North & Hutruk frey 6-P Twc, 14-