


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 PM 3:00

DOCUMENT # A93000000840 1. Entity Name NH WALKING, LTD.					
Principal Place of Business 2295 CORPORATE BOULEVARD, N.W., SUITE 222 BOCA RATON, FL 33431			Mailing Address 2295 CORPORATE BLVD. NW SUITE 222 BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0429261	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRICK, NORTON 2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
9. Capital Contributions as Shown on record. \$100.00			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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P93000056959			STREET ADDRESS	
NAME	G-P TWC, INC.			CITY-ST-ZIP	
STREET ADDRESS	2295 CORPORATE BOULEVARD, NW, SUITE 222				
CITY-ST-ZIP	BOCA RATON, FL 33431				
DOCUMENT #				STREET ADDRESS	FF \$ 141.25
NAME				CITY-ST-ZIP	Cus 8.75
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DOCUMENT #				STREET ADDRESS	300054029923
NAME				CITY-ST-ZIP	05/06/05--01109--003 **317.50
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
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: <i>Nir A. Khalil - Controller of GP</i>				Date: <i>3/22/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Daytime Phone #</small>	

STAPLE CHECK HERE