.2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Due By May 1, 2006 SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A93000000840** 1. Entity Name NH WALKING, LTD. 06 APR -7 AM 8: 23 Principal Place of Business Mailing Address 2295 CORPORATE BOULEVARD, N.W., SUITE 222 2295 CORPORATE BLVD. NW BOCA RATON, FL 33431 SUITE 222 BOCA RATON, FL 33431 01182006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0429261 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERRICK, NORTON DO NOT WRITE 2295 CORPORATE BOULEVARD, N.W. SUITE 222 IN THIS SPACE BOCA RATON, FL 33431 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. P93000056959 DOCUMENT # NAME G-P TWC, INC. **000070788350** 04/18/06--01029--002 **563.75 STREET ADDRESS 2295 CORPORATE BOULEVARD, NW, SUITE 222 CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOM: UMENT # KAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS 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:

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STREET ADDRESS
CITY-ST-ZIP

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