## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## FILED DOCUMENT # A95000001712 1. Entity Name 800 NH, LTD. 2007 MAR 19 PM 3: 10 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA % THE HERRICK COMPANY 2295 CORPORATE BLVD., N.W. 2295 CORPORATE BLVD., N.W., SUITE 222 **STE. 222** BOCA RATON, FL 33431 BOCA RATON, FL 33431 01092007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0619950 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 % THE HERRICK COMPANY 2295 CORPORATE BLVD., 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 (amiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title (I applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. P95000086283 DOCUMENT # NAME G-P 800, INC. STREET ADDRESS 2295 CORPORATE BLVD., N.W., SUITE 222 CITY-S1-7IP BOCA RATON, FL 33431 90009588485 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 expowered to execute this report at required by Chapter 620, Florida Statutes

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

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