

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000001904

1. Entity Name
NHPAHP DEVELOPMENT LIMITED PARTNERSHIP



FILED

2004 APR 12 PM 12:13

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



03252004 Chg-LP CR2E003 (10/03)

Principal Place of Business
**THE FORUM
1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH, FL 33401**

Mailing Address
**THE FORUM
1675 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH, FL 33401**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0625673

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHN R. ERBEY
1675 PALM BEACH LAKES BLVD.
SUITE 1002
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$25,937.50**

10. Amount of Capital Contributions in FLORIDA to date. **27,939**

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 #	P94000024993	STREET ADDRESS	
NAME	NHPAHP DEVELOPMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	1675 PALM BEACH LAKES BLVD., SUITE 1002		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**700032514787
04/13/04--01022--007 **284.32**

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: **MARK J. NICHOLS**

4/1/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

NHPAHP DEVELOPMENT CORP.

STAPLE CHECK HERE