2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Mar 22, 2006 08:00 Al Secretary of State DOCUMENT # A98000001153 1. Entity Name NH6 GROUP III, LTD. Principal Place of Business Mailing Address 2295 CORPORATE BLVD., N.W., SUITE 222 2295 CORPORATE BLVD., NW P.O. BOX 5010 SUITE 222 BOCA RATON, FL 33431-0810 BOCA RATON, FL 33431 01182006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0833838 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HERRICK, NORTON DO NOT WRITE 2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON, FL 33431 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 1100000476725 ||4/06/06-80022-001 7122.50 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 DOCUMENT # P98000042162 NAME G-P NH6 GROUP III, INC. STREET ADDRESS 2295 CORPORATE BLVD., N.W., SUITE 222 CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT# NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT# STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not quality 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 Ampowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CHECK

CITY-S1-ZIP

Daytime Phone #