. 2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Mar 22, 2006 08:00 Al DOCUMENT # A98000001154 **Secretary of State** NH6 GROUP IV, LTD. Principal Place of Business Mailing Address 2295 CORPORATE BLVD., N.W., SUITE 222 2295 CORPORATED BLVD, NW P.O. BOX 5010 SUITE 222 BOCA RATON, FL 33431-0810 BOCA RATON, FL 33431 01182006 No Chg-LP CR2F003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0833840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sinnature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 U00000476726 /06/06~80022-001 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. P98000042166 OCCUMENT # G-P NH6 GROUP IV, INC. STREET ADDRESS 2295 CORPORATE BLVD., N.W., SUITE 222 CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # MARKE STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME 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 trusteep empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP

A OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #