

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED
Aug 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000001156

1. Entity Name
NH6 GROUP, LTD.



Principal Place of Business
2295 CORPORATE BLVD., N.W., SUITE 222
P.O. BOX 5010
BOCA RATON, FL 33431

Mailing Address
2295 CORPORATED BLVD., NW
STE. 222
BOCA RATON, FL 33431



07302008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0833790

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRICK, NORTON
2295 CORPORATE BLVD., N.W., SUITE 222
BOCA RATON, FL 33431

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # P98000042177
NAME G-P NH6 GROUP, INC.
STREET ADDRESS 2295 CORPORATE BLVD., N.W., SUITE 222
CITY-ST-ZIP BOCA RATON, FL 33431

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CITY-ST-ZIP

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08/25/08-80001-001 508.75

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #