

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003634 AV

DOCUMENT # A98000001156
 1. Entity Name
NH6 GROUP, LTD.



FILED
 03 MAY -5 PM 7:01
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJM

| | |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 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 |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|



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

DUE BY MAY 1, 2003

| | |
|------------------------------------------------------------------------------------------------------------|----------------|
| 4. FEI Number 65-0833790 | Applied For |
| | Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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**

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. \$100.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|--------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------|

**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 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---------------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | 400018026324 |
| STREET ADDRESS | 05/05/03--01126--001 **8771.25 |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: SIGNATURE REQUIRED *VP of GP 5/1/03* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)