

2001 UNIFORM BUSINESS REPORT (UBR)

007540 AF

DOCUMENT # **A98000001157**

1. Entity Name

NH6 LR I, LTD.

FILED

01 MAR 26 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address
2295 CORPORATE BLVD., N.W., SUITE 222
~~P.O. BOX 5010~~
BOCA RATON FL 33431

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2295 Corporate Blvd. NW
Ste 222

City & State
Boca Raton, FL

Zip
33431

Country
USA

4. FEI Number
65-0833648

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

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000042207	STREET ADDRESS	600003353176 3	
NAME	G-P NH6 LR I, INC.	CITY-ST-ZIP	-04/03/01 --01058--001	
STREET ADDRESS	2295 CORPORATE BLVD., N.W., SUITE 222		***5750.00 ****150.00	
CITY-ST-ZIP	BOCA RATON FL 33431			
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				

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 GIP 3-22-01 561-241-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)