


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 PM 3:00

DOCUMENT # A98000001157 1. Entity Name NH6 LR I, LTD.					
Principal Place of Business 2295 CORPORATE BLVD., N.W., SUITE 222 P.O. BOX 5010 BOCA RATON, FL 33431			Mailing Address 2295 CORPORATE BLVD., NW SUITE 222 BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0833648	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERRICK, NORTON 2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON, FL 33431			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		\$100.00		10. Amount of Capital Contributions in FLORIDA to date.	
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		
NAME	G-P NH6 LR I, INC.		CITY-ST-ZIP		
STREET ADDRESS	2295 CORPORATE BLVD., N.W., SUITE 222				
CITY-ST-ZIP	BOCA RATON, FL 33431				
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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: <i>[Signature]</i>			Date: 3/22/05 Daytime Phone #		



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0833648 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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.

9. Capital Contributions as Shown on record. \$100.00
 10. Amount of Capital Contributions in FLORIDA to date.

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 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

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SIGNATURE: *[Signature]* Date: 3/22/05 Daytime Phone #

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