

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007560 AF

DOCUMENT # **A98000001164**

1. Entity Name

NH6 LR VII, LTD.

FILED

*[Handwritten signature]*

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2295 Corporate Blvd NW

Suite 222

Boca Raton, FL

33431

USA

4. FEI Number

65-0833804

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

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

(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

DOCUMENT # P98000042272  
NAME G-P NH6 LR VII, INC.  
STREET ADDRESS 2295 CORPORATE BLVD., N.W., SUITE 222  
CITY-ST-ZIP BOCA RATON FL 33431

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100002953111--5  
-04/03/01--01058--001  
\*\*\*6750.00 \*\*\*150.00

\$150.00

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:

*[Handwritten signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VP of GP

3-22-01

Date

561-241-9880

Daytime Phone #

CR2E003 (11/00)