2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A98000001166

1. Entity Name NH6 LR VI. LTD.

Mar 22, 2006 08:00 Al **Secretary of State**

FILED

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



01182006 No Chg-LP DO NOT WRITE IN THIS SPACE

CR2E003 (11/05)

4. FEI Number 65-0833802 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 DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33431 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P98000042266 NAME G-P NH6 LR VI, INC. STREET ADDRESS 2295 CORPORATE BLVD., N.W., SUITE 222 CITY-ST-ZIP BOCA RATON, FL 33431 DOCUMENT# NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # 2725.7 NAME STREET ADDRESS CRY-ST-ZP DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

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 \$20. Florida Statutes

SIGNATURE:

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #