FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

98 NFC 15 PM 2: 26

1. Name of Limited Partnership	1a. DOCUMI A98000001	SECRETA.	SECRETARY L. STATE TALLAHASSEE. FLORIDA					
NH6 LR VIII, LTD.		TALLAHASSEE. FLORIDA						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capit	al Contributions as			
2295 CORPORATE BLVD., N.W., SUITE 222 P.O. BOX 5010 BOCA RATON FL 33431	2295 CORPORATE BLVD., N.W., SI P.O. BOX 5010 BOCA RATON FL 33431	uite 222	05/07/1998 3a. Date of Last Report 4. State or Country of Formation	\$100.00 5b. Amount of Capital Contributions in FLORIDA to date:				
2. Mailing Address	2a. Principal Office Address		FL					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For			
City & State	City & State	City & State		M	Not Applicable			
Zip Country	Zip	Zip Country		7 - Certificate of Status Desired \$8.75 Addition: Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee inform				
			40					
9. Name and Address of Curr	rent Registered Agent	Name	10. If changed, new Registered Agent/Office Name					
HERRICK, NORTON			Street Address (P.O. Box Number Is Not Acceptable)					
2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON FL 33431		Suite, Apt. #, etc.						
BOOK TATOR 12 00001		City	· · · · · · · · · · · · · · · · · · ·	Zip Code				
				FL				
agent. I am familiar with, and accept the obligation of the obligation of the second sec	or registered agent, or both, in the State of Florid ions of section 620.192, Florida Statutes. AT IS A CORPORATION, L	ta. Such change v	was authorized by its general partner(s). I hereby a DATE PARTNERSHIP OR OTHER	accept the ap	pointment of registered			
11. Name(s) of General Partner(s)	ST BE REGISTERED ANI	<u> </u>	11b. City, State & Zip Code	11c.	Registration/			
G-P NH6 LR VIII, INC.	11a. Address of Each General (Do NOT Use Post Office Box 2295 CORPORATE BLVD.,	ľ	BOCA RATON FL 33431	P98000042275 P1 1 3 5 3 8 01074 017 01 00 ****150.00				
•			5000027; -12/23/9 ****150					
•			AL	. D E(C 2 + 199 8 ,			
Note: General partners MAY NO	T be changed on this form	; an amer	ndment must be filed to char	ige a ge	eneral partner.			
12. I do hereby certify that the information supplied wit Corporations from any liability of non-compliance withis annual report is true and accurate and that my	with Section 119.07(3)(k) in the event that the info	ormation supplied	is deemed exempt from public access. I further ce	ertify that the	information indicated on			

empowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form Northern Herrick, Pas C. P. NH-10 (2011), Inc.

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Daytime Telephone Number Soi 241 9 850