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

1. Name of Limited Partnership

1a. DOCUMENT # A98000001172

FILED 98 DEC 15 PH 2: 29

SECRETARY STATE

	730000001172			MILAHASSÉE, FLORIDA	
NH6 LR XII, LTD.					
Mailing Address 2295 CORPORATE BLVD., N.W., SUITE 222 P.O. BOX 5010 BOCA RATON FL 33431	Principal Office Address 2295 CORPORATE BLVD., N.W., S P.O. BOX 5010 BOCA RATON FL 33431	2295 CORPORATE BLVD., N.W., SUITE 222 P.O. BOX 5010		5a. Capital Contributions as Shown on record. \$100.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	City & State	City & State		\$8.75 Additional	
Zip Country	Zip	Zip Country		7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered	10. If changed, new Registered Agent/Office	
2295 CORPORATE BLVD., N.W., SUITE 222		Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc.			
		FL Zip Code			
10a. Pursuant to the provisions of sections 620.1951 and 620.1952, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	l Partner ox Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
G-P NH6 LR XII, INC.	2295 CORPORATE BLVD	.,	BOCA RATON FL 33431	P98000042304	
				P98000042304 P98000042304 P98000042304 P98000042304 P98000042304	
•				E; 2 1 1998.	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempting public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall-have the same logal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 520, Florida Statutes.					
SIGNATUREDATE 12-1-98					

Typed or Printed Name of General Partner Signing Form Nerton Hercico, Pres G-P NH6 L. VII | Inc. Daytime Telephone Number 56 241 9680