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

DOCUMENT# A98000001173

FILED

98 DEC 15 PM 2:30

SECRETARY OF STATE
TALL AHASSEE, FLORIDA



NH6 LR XIII, LTD.						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
2295 CORPORATE BLVD., N.W., SUITE 222 P.O. BOX 5010 BOCA RATON FL 33431	2295 CORPORATE BLVD., N.W., SUITE 222 P.O. BOX 5010 BOCA RATON FL 33431			05/07/1998 3a. Date of Last Report	\$100.00	
				4. State or Country of Formation	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			<u>65-0833827</u>	Not Applicable	
Zip Country	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 R	egistered Agent	 		10. If changed, new Registered	Agent/Office	
		Name				
HERRICK, NORTON 2295 CORPORATE BLVD., N.W., SUITE 222		Street Address (P.O. Box Number Is Not Acceptable)				
BOCA RATON FL 33431	h		Apt. #, etc.			
		City			FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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)		<u> </u>	<u>.=</u> ,	DATE		
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED AN	IMITED D ACTIV	PART E WIT	NERSHIP OR OTHEI 'H THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General	l Partner x Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
G-P NH6 LR XIII, INC.			вос	A RATON FL 33431	P98000042310	
				60000272 -12/23/9 ****150	211766 801074012 000 ****150.00	
•				AL DEC	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 exempt from 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 legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee						

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

Typed or Printed Name of General Partner Signing Form North Beauty Pres G-P NHL LE XIII , Inc.

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Daytime Telephone Number 561941 9850

DATE 12-1-98