

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001277

1. Entity Name
NH6 ILL., LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business
2295 CORPORATE BLVD., N.W., SUITE 222
BOCA RATON FL 33431-0810

Mailing Address
P.O. BOX 5010
BOCA RATON FL 33431-0810



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0837026 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| THE HERRICK COMPANY, INC. ATTN: NORTON HERRICK 2295 CORPORATE BLVD., N.W., SUITE 222 BOCA RATON FL 33431 | | | | 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 _____ (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 | | | 13. ADDRESS CHANGES ONLY | | |
|---------------------------------|---------------------------------------|--|--------------------------|-----------------------|--|
| DOCUMENT # | P98000046069 | | STREET ADDRESS | | |
| NAME | G-P NH6 ILL., INC. | | CITY - ST - ZIP | | |
| STREET ADDRESS | 2295 CORPORATE BLVD., N.W., SUITE 222 | | | | |
| CITY - ST - ZIP | BOCA RATON FL 33431-0810 | | | | |
| DOCUMENT # | | | STREET ADDRESS | 0000003245440-7 | |
| NAME | | | CITY - ST - ZIP | -05/10/00--01003--001 | |
| STREET ADDRESS | | | | ***6750.00 ***150.00 | |
| CITY - ST - ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
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| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
| STREET ADDRESS | | | | | |
| CITY - ST - ZIP | | | | | |

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: SIGNATURE REQUIRED Howard Herrick 4/17/00 561-241-9880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #