

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



SECRETARY OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 15 AM 8:10

A 98 0000 02151

1. Name of Limited Partnership 2NH6 LR XV, LTD.		1a. DOCUMENT # A980000 02151	
2. Mailing Address 2295 Corporate Blvd. N.W., STE 222 P.O. Box 5010 Boca Raton, FL 33431-0810		2a. Principal Office Address 2295 Corporate Blvd. N.W., STE 222 Boca Raton, FL 33431	
3. Date Form or Registered		5a. Capital Contributions State Required \$100.00	
4. State or Country of Formation Florida		5b. Amount of Capital Contributions to FLOMIA to date	
6. FEI Number		<input checked="" type="checkbox"/> Applied for <input type="checkbox"/> Not Applicable	
7. Certificate of State Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Mark check payable to Dept. of State (See reverse side for instructions)			

9. Name and Address of Current Registered Agent
**Herrick, Norton
2295 Corporate Blvd
N.W. STE 222
Boca Raton, FL
33431**

10. Change of Registered Agent Office
Name: _____
Street Address (P.O. Box Number if Not Applicable): _____
State, Apt. #, etc.: _____
City: _____
FL 33431

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). Thereby accepting the appointment of registered agent, I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): _____ DATE: _____

**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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Disc. or Exp. Number
G-P 2NH6 LR XV, Inc.	2295 Corporate Blvd. N.W. STE 222	Boca Raton, FL. 33431	P980000 79708

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)(f), 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 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 620, Florida Statutes.

SIGNATURE _____

DATE

12/10/98

Typed or Printed Name of General Partner Signing Form: **Norton Herrick, Pres G-P 2NH6 LR XV, Inc.**

Daytime Telephone Number

541 241 9880

CR2E003 (8/98)