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

A98000002164

LIMITED PARTNERSHIP ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

1. Name of Limited Partnership

2NHG DAVIS, LTD

1a. DOCUMENT #
A98000002164

99-AR/Cus
CM

150.00 FF

Mailing Address
2295 Corporate Blvd
N.W., STE. 222
P.O. BOX 5010
BOCA RATON, Fl
33431-0810

Principal Office Address
2295 Corporate BlVD
N.W., STE 222
P.O. BOX 5010
BOCA RATON, Fl 33431-0810

3. Date Formed or Registered
09/09/98

3a. Date of Last Report

4. State or Country of Formation
FLORIDA

5a. Capital Contributions as Shown on Record
$100.00

5b. Amount of Capital Contributions in FLORIDA to date

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

6. FEI Number
☒ Applied For
☐ Not Applicable

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**

Herrick, Norton
2295 Corporate BlVD
N.W., STE 222
Boca Raton, Fl.
33431

10. If changing the Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Accepted)

Suite, 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) 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/Document Number
G-P 2NHG DAVIS, Inc	2295 CORPORATE BLVD N.W., STE 222	BOCA RATON, FL 33431	P98000079729

CR2E003 (8/98)

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 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 2NHG DAVIS, INC. Daytime Telephone Number 561 241 9880