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

A98000002168

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	1a. DOCUMENT #
2NH6 CORONA, LTD	A98000002168

94-AR/CUS
CM

150.00 - PF

Mailing Address	Principal Office Address
2295 Corporate Boulevard N.W., Suite 222 P.O. BOX 5010 Boca Raton, Florida 33431-0810	2295 Corporate Boulevard N.W., Suite 222 P.O. BOX 5010 Boca Raton, Florida 33431-0810

3. Date Formed or Registered: 09/09/98
3a. Date of First Report:
4. State or Country of Formation: Florida
5a. Capital Contributions Received or Agreed: $100.00
5b. Amount of Capital Contributions in FLORIDA Dollars:
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)

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

9. Name and Address of Current Registered Agent

Herrick, Norton
The Herrick Company, Inc.
2295 Corporate Boulevard
N.W., Suite 222
Boca Raton, Florida
33431-

10. Designated New Registered Agent/Office

Name:
Street Address (P.O. Box Number Is NOT Acceptable):
Suite, Apt. #, etc.
City: FL Zip Code:

10a. Pursuant to the provisions of sections 620.1071 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 2NH6 Corona, Inc.	2295 Corporate Blvd. N.W., Suite 222	Boca Raton, Fl 33431	P98000079754

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, s(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; 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 [signature] DATE 12/10/98

Typed or Printed Name of General Partner Signing Form: Norton Herrick, Pres G-P 2NH6 Corona, Inc. Daytime Telephone Number: 561-241-9860

CR2E003 (8/98)