

**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
SARAH B. HANCOCK
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 15 AM 8:10

1. Name of Limited Partnership 2NH6 JOPLIN, LTD		1a. DOCUMENT # A98000002172	3. Date of Annual Report 09/09/98 3a. Date of this Report	5a. Capital Contributions \$ 100.00
2. Mailing Address 2295 Corporate Boulevard N.W., Suite 222 P.O. Box 5010 Boca Raton, Florida 33431-0810		2a. Principal Office Address 2295 Corporate Boulevard N.W., Suite 222 P.O. Box 5010 Boca Raton, Florida 33431-0810		5b. Amount of Capital Contributions in FLOIDA by date
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. State or Country of Formation Florida	☒ Applied For ☐ Not Applicable 7. Certificate of Status Fee ☒ \$8.75 Additional Fee Required
City & State		City & State	6. FID Number	
Zip	Country	Zip	Country	8. Member's payable to Dept. of State (Business cards for fee and number)

9. Name and Address of Current Registered Agent Herrick, Norton 2295 Corporate Boulevard N.W., Suite 222 Boca Raton, Florida 33431	10. If changed, new Registered Agent's Office Name Street Address (If P.O. Box Number, use "A" for private) Suite, Apt. #, etc. City
--	--

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, is hereby making 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) G-P 2NH6 Joplin, Inc	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2295 Corporate Blvd N.W., Suite 222	11b. City, State & Zip Code Boca Raton, Florida 33431	11c. Registered Agent Name Address City, State & Zip Code P98000079803
--	--	---	---

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 included 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, or empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

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

Daytime Telephone Number **561-241-9880**

CR2E003 (8/98)