2001	UNIFORM	BUSINESS	REPORT	(UBR)

DOCU 1. Entity Nar	MENT	# A990	0000)1175		•	-	·····································	~	X	
NHPAHP DEVELOPMENT II LIMITED PARTNERSHIP						FII	LED :	. (<i>'</i>)		
Principal Place of Business 1675 PALM BEACH LAKES BLVD SUITE 1002 WEST PALM BEACH FL 33401		1675	Mailing Address 1675 PALM BEACH LAKES BLVD SUITE 1002 WEST PALM BEACH FL 33401			15.	=5 AM IO I		B) (1885 11811 58811 B)(1		
2. Principal f	Place of Busin	ess	3. Ma	ailing Address				0 0 8 1 1 0	i i a ndi a i an a a n	o n kingga ikuni i ngga b iri i	
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SF	PACE			
City & Sta	te		City	y & State			4. FEI Number	65-0952526		Applied Fo	
Zip		Country	Zip)	Cour	ntry	5. Certificate of	of Status Desired		8.75 Additional ee Required	
	6. Name	and Address of Currer	nt Register	<u>v</u>		Name		Address of New Re		gent	=
ERBEY, JOHN R 1675 PALM BEACH LAKES BLVD., SUITE 1002			ూ ఏం.≛ు			ess (P.O. Box Number	is Not Acceptable)			- 1 =	
	LM BEACH	•	1002					<u> </u>			
				•		City			FL	Zip Code	
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8. The above	named entity	submits this statement	for the pur	pose of changing its	s register	ed office or regi	istered agent, or both	, in the State of Flor		. 	-
		y submits this statement						ı, in the State of Flor			_
	Signature, typed ontributions		nt and title if ap		TE: Registere	ed Agent signature req butions	quired when reinstating)	11. MAKE CHECI	nida. DATE K PAYABLE 1	TO DEPT. OF STATE	
SIGNATURE 9. Capital Co	Signature, typed ontributions on record.	or printed name of registered age \$100.00 GENERAL PARTNER	ent and title if ap	oplicable. (NO 10. Amount of Capi in FLORIDA to o	TE: Registere ital Contril date.	butions	quired when reinstating)	11. MAKE CHECI SEE REVERS CTIVE WITH THIS	DATE K PAYABLE 1 SE SIDE FOR S OFFICE.	FEE INFORMATION	
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powered to execute this report as required by Chapter 620, Florida Statutes

BY: NHFAHP DEVELOPMENT II COPPORTION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date SIGNATURE: