FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 30 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P08221**

1. Corporation Name
NHP-HDV NINE, INC.

Principal Place of Business	Mailing Address
1225 EYE ST NW. STE 200 WASHINGTON DC 20005 US	1225 EYE ST NW. STE 200 WASHINGTON DC 20005 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1873 S Bellaire St
Suite, Apt. #, etc.
22 Suite 1700
City & State
23 Denver, CO
Zip 24 80222 Country 25 US

2a. Mailing Address
26 1873 S Bellaire St
Suite, Apt. #, etc.
27 Suite 1700
City & State
28 Denver, CO
Zip 29 80222 Country 30 US

3. Date Incorporated or Qualified
11/26/1985

4. FEI Number
06-0918468
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required for filing purposes)

12. OFFICERS AND DIRECTORS		
TITLE	CEO	[ ] DELETE
NAME	TERRY CONSIDINE	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222	
TITLE	VP	[ ] DELETE
NAME	STEVEN D IRA	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222	
TITLE	VP	[ ] DELETE
NAME	THOMAS W TOOMEY	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222	
TITLE	VP	[ ] DELETE
NAME	DAVID L WILLIAMS	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222	
TITLE	VP	[ ] DELETE
NAME	HARRY G ALCOCK	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222	
TITLE	VP	[ ] DELETE
NAME	CARLA STONER	
STREET ADDRESS	1873 SOUTH BELLAIRE ST., 17TH FLOOR	
CITY-ST-ZIP	DENVER CO 80222	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	S	[ ] Change XX Addition
12 NAME	Joel F. Bonder	
13 STREET ADDRESS	1873 S Bellaire St, Ste 1700	
14 CITY-ST-ZIP	Denver, CO 80222	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Joel F. Bonder, Secretary

SIGNATURE: _____ 04-27-99 (303)757-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #