2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
04 MAY 27 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E003 (11/03)

DOCUMENT # B98000000360

1. Entity Name
NHC-FL13 L.P.

Principal Place of Business	Mailing Address
6991 E. CAMELBACK RD. #B-360 SCOTTSDALE AZ 85251	6991 EAST CAMELBACK ROAD, SUITE B-360 SCOTTSDALE AZ 85251

2. Principal Place of Business	3. Mailing Address
6991 E. CAMELBACK RD	6991 E. CAMELBACK RD
Suite, Apt. #, etc.: SUITE B-310	Suite, Apt. #, etc.: SUITE B-310
City & State: SCOTTSDALE, AZ	City & State: SCOTTSDALE, AZ
Zip: 85251 Country: USA	Zip: 85251 Country: USA

4. FEI Number 86-0914090 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$100.00	10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #		STREET ADDRESS	
NAME	PAMI-FL13 INC.		
STREET ADDRESS	3 WORLD FINANCIAL CENTER, 12TH FLOOR	CITY-ST-ZIP	400037812224 06/09/04--01068--002 **141.25
CITY-ST-ZIP	NEW YORK NY 10285		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

STAPLE CHECK HERE

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ______________________ 5-25-04 4804235700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #