2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
2005 APR 25 PM 12: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000360

1. Entity Name
NHC-FL13 L.P.

Principal Place of Business	Mailing Address
6991 E. CAMELBACK RD. #B-310 SCOTTSDALE, AZ 85251	6991 E. CAMELBACK RD. #B-310 SCOTTSDALE, AZ 85251

04062005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Two N. Riverside Plaza		Two N. Riverside Plaza	
Suite, Apt. #, etc.: Suite 800		Suite, Apt. #, etc.: Suite 800	
City & State: Chicago, Illinois		City & State: Chicago, Illinois	
Zip: 60606	Country: USA	Zip: 60606	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. $100.00

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 #	M04000004337	STREET ADDRESS	
NAME	MHC-NHC-FL13 GP, L.L.C.		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, STE. 800	CITY-ST-ZIP	100054343511
CITY-ST-ZIP	CHICAGO, IL 60606		
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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 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: By: David W. Fell David W. Fell, VP 312/279-1400 04/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #