

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Jun 10, 2005 08:00 AM
Secretary of State

DOCUMENT # A31976					
1. Entity Name NHI/REIT OF FLORIDA, L.P.					
Principal Place of Business CITY CENTER 100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37133			Mailing Address CITY CENTER 100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04192005 Chg-LP CR2E003 (10/03)	
4. FEI Number 62-1481481				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 Signature, typed or printed name of registered agent and title if applicable. DATE					
9. Capital Contributions as Shown on record, \$60,370,675.00			10. Amount of Capital Contributions in FLORIDA to date. \$60,370,675.00		
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 # P35502	NAME NHI/REIT, INC.		STREET ADDRESS	STREET ADDRESS	
STREET ADDRESS 100 VINE ST., #1400	CITY - ST - ZIP MURFREESBORO, TN		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #	NAME		STREET ADDRESS	STREET ADDRESS	
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STREET ADDRESS	CITY - ST - ZIP		CITY - ST - ZIP	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: *[Signature]* *Assistant Secretary* 4/29/05 661-890-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #