

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 24, 2006 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



04182006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br>62-1481481                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

|                |                     |
|----------------|---------------------|
| DOCUMENT #     | P35502              |
| NAME           | NHI/REIT, INC.      |
| STREET ADDRESS | 100 VINE ST., #1400 |
| CITY-ST-ZIP    | MURFREESBORO, TN    |

|                |  |
|----------------|--|
| DOCUMENT #     |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| DOCUMENT #     |  |
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| CITY-ST-ZIP    |  |

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**DO NOT WRITE  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Kathy T. Henderson*  
Kathy T. Henderson, Asst. Sec.

4/18/06

615-890-9100

Date

Daytime Phone #

STAPLE CHECK HERE