FLORIDA DEPARTMENT OF STATE  THE PROPERTY OF STATE  THE PROPERTY OF STATE  TO STATE  T					FILED 00 OCT 23 PH 4: 11			
DOCUMENT # 1. Name of Limited Partnership 1995 UUUUUU 33				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
NHP Port Richey, L.P., Limited Partnership								
4/12/96								
2. Principal Office Address		3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida			
		6801 Gaylord Parkway			5. FEI Number	/26/95	Applied For	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			54-1745997		Not Applicable	
City & State		City & State			CERTIFICATE OF STATUS DESIRED X \$8.75 Additional Fee required for a Certificate of Status			
		Frisco, TX						
<u>Frisco, TX</u> Zip		Zip	Country		<b>7a.</b> Capital Contributions as shown on Record: \$1,754,144.00			
7,5034	USA	75034	USA		<b>7b.</b> Amount of Capital Contributions	in FLORIDA i	to date:	
8. Name and Address of Co		urrent Registered Agent			\$1,754,144.00			
Name Corporation, Service Company				FEES:  1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning				
Street Address (P.O. Box Number is Not Acceptable)								
Suite, Apt. #, Etc.				with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.				
City Tallah	assee	State Zip Code <b>FL</b> 32301			Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). Hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.								
SIGNATURE (Registered Agent Accepting Appointment)DATE								
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
10. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)			City, State and Zip Code	10a.	Registration Document Number	
Albuquerque Whaler 95-B Corporation  ADM 2,500.00		1285 Avenue of the Americas, 14th Floor			New York F95000000356  Wew York 10019 100034571116 -11/08/0001040017 ***5131.25 ***5131.25			
ADM 2,500.00 AR 2,187,50 ALSUM 443.75					200			
`	\$ 5, 131.25		his forms on amondment must be filed to change a general partner					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
11. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath, I further certify that I) am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.								

SIGNATURE

Typed or Printed Name of General Partner Signing Form

DATE 10-20-00

ASSISTANT TREASURER Telephone Number 213-713-8449