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DIVISION OF CORPORATIONS

LP/LLP REINSTATEMENT
NHC-FL3 L.P.

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 06 MAR -9 AM 10 67

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 898000000355 1. Name of Limited Partnership NHC-FL3 L.P.					
2. Principal Office Address 399 PARK AVENUE Suite, Apt. #, etc. 8th FLOOR City & State NEW YORK, NY Zip Country 10022 USA		3. Mailing Office Address 399 PARK AVENUE Suite, Apt. #, etc. 8th FLOOR City & State NEW YORK, NY Zip Country 10022 USA		4. Date Formed or Registered To Do Business in Florida 6/18/1998	
				5. FEI Number 86-0914485	
				CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				7a. Capital Contributions as Shown on Receipt \$100.00	
				7b. Amount of Capital Contributions in FLORIDA to date:	
8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc. City TALLAHASSEE					
State Zip Code FL 32301-2635					
9. Pursuant to the provisions of sections 620-1.051 and 620-1.06, Florida Statute, the above-named limited partnership organized or registered under the laws of the State of Florida, wherein the partners for the purpose of arranging to re-register this office or both, in the State of Florida, such change was authorized by the general partner(s). I hereby accept the appointment or reappointment, I am transfer with, and accept the obligations of section 620-1.02, Florida Statute.					
SIGNATURE (Registered Agent Accepting Appointment) Laura R. Duff DATE 3/9/06					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11a. Name(s) of General Partner(s) PAMI-FL3 L.P.		Address of Each General Partner (Do NOT Use Post Office Box Numbers) 399 PARK AVENUE 8th FLOOR		City, State and Zip Code NEW YORK, NY 10022	
				11b. Registration Document Number 3110 3500	
REINSTATEMENT					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(c), Florida Statute. I request the Division of Corporations from any liability of non-compliance with Section 118.07(3)(c) in the event the information supplied is deemed exempt from public release. 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, trustee or trustee empowering to execute this report as required by Chapter 620, Florida Statute.					
SIGNATURE [Signature] DATE 3/8/06					
Typed or Printed Name of General Partner Signing Form Telephone Number 212 720 6608					

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