

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017307 AF

**DOCUMENT # B98000000359**

1. Entity Name

NHC-FL1 L.P.

FILED

01 MAR 12 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6991 E. CAMELBACK ROAD

8360

SCOTTSDALE AZ 85251

Mailing Address

6991 EAST CAMELBACK ROAD, SUITE B-360

SCOTTSDALE AZ 85251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

86-0914482

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$100.00

10. Amount of Capital Contributions  
in FLORIDA to date.11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**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 #     | F98000003167                         |
| NAME           | PAMI-FL1 INC.                        |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER, 12TH FLOOR |
| CITY-ST-ZIP    | NEW YORK NY 10285                    |

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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| DOCUMENT #     |  |
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STREET ADDRESS

CITY-ST-ZIP

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:

  
DAVID A. NAPP, PRESIDENT, LUNQ, INC., AS AUTHORIZED AGENT

2/14/01 480-423-5700

CR2E003 (11/00)