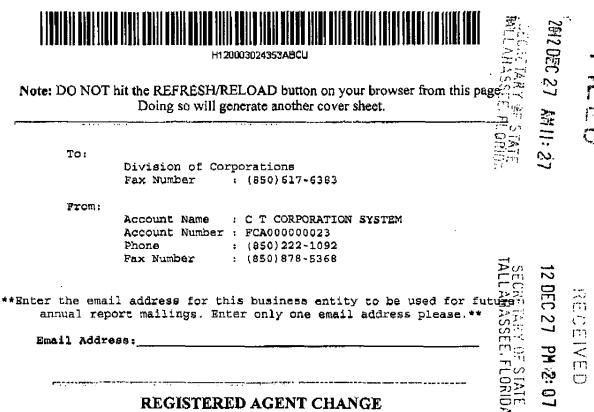


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REGISTERED AGENT CHANGE NHC-FL5 L.P.

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COVER LETTER

NHC-FLS L.P. Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: B98000000361 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Contact Person Firm/Company Address City, State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (Name of Limited Partnership or Limited Liability Limited Partnership	Name of Limited Barre
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Contact Person Firm/Company Address City, State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (14 WING OF ENDITION LOSIN
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		Division of Corporations
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661 Executive Center Circle Tallahassee, FL 32314 allahassee, FL 32301		
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FL046 - 05/07/2009 C T System Online

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1			LS L.P.					
	Name of Limi	ted Partnership or Lin	nited Liab	lity Lin	ilted Partner	ship		
2.	6/4/1998		3.		B9800	0000361		
Ī	Date of filing/registration	n in Florida	•	ī	lorida docu	ment number		
	ame of the registered age ant of State:	ent and the registered	office add	ress as s	shown on the	e records of the	e Florida	
	(CORPORATION SEE	RVICE CO	MPAN	Y		E	ي.
		Nan	10			•	, - C;	7
		1201 HAYS	STREET	•				33
		Addr	223			•	Si A	ა ა
		TALLAHASSI	ZE FL 323	01				7
		City, State	and Zip			-	一戸。 建	į
5. The na	me and Florida street ad	dress of the new regis	stered ago	nt and/o	r office:		FLORIDATE	(
		C T Corporati	ion System	1			9元 3	
		Nam					7	
		1200 South Pine	Island Ro	ad				
	Flor	ida street address (P.0	D. Box not	accepta	ible)	•		
		Plantution,		FL	33324	•		
	11	City, State	and Zip					
6. Such die	and at is are effective	when filed by the Flo	rida Deca	riment c	of State.			
	1/2		-		•	of general	partner	
Signature o	of General Partner		PAMI-	FLS I	NC.			
	Jennifer Kurz, Secretary					**		
i nareby ac coursely with	cept the appointment us th the provisions of all se	t registered agent and latutes relative to the	l agree to : proper an	act in in d combl	is capacity. eta pariornu	I juriher agre ance of my dut	e lo les.	
	miljer with an fought if							
1/	<u> </u>						2.	
Signature o	of Registered Agent							
Krist	in Bolden, Assistant Se	erotary						
Filing Fe		\$35.00			•			
Certified	Copy (optional):	\$52.50						
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