2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

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	DOCUMENT # B9800000362 1. Entity Name NHC-FL7 L.P.						FILED		
							05 H/	W 27 1	AH II: 33
f	Principal Place of Business Mailing Address						SEC	ETARY (of State Florida
	6991 E. CAMEMBACK RD., B-360 SCOTTSDALE AZ 85251			6991 E. CAMEMBACK RD., B-360 SCOTTSDALE AZ 85251		IALLA	MASSEE,	FLORIDA	
								81 44 1 800 88 06 8	RIEG IIIID RING IIDIEN DI 1991
-	2. Principal Place of Business 3. Mailing Address U991 E. CAMBUBACK BO U991 B. CAMBUBACK B								
-	Suite, Apt. #, etc. Suite, Apt. #, etc.					NOR CO DI	MOORE	CR2E003	(11/03)
}	City & State			SUTE B-310 City & State		4. FEI Number		Applied For	
}	SUMSDAUB, AZ			SCOTTSLAND AZ		NZ	86-0914493		Not Applicable \$8.75 Additional
	86	251	VSA	86261		USA	5. Certificate of Status Desired		Fee Required
ŀ	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name			
	120	ON SERVICE COMP. STREET SEE FL 32301-2525	ANY		Street Address (P.O. Box Number is Not Acceptable	9)		
	TALLAHASSEE FL 32301-2323					City			Zip Code
}	The above gamed entity submits this statement for the gurgoes of chan				register		red agent or both in the State of Flo	FL orida Lam f	
	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.								
l	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							DATE	
	9. Capital Contributions as Shown on record. \$100.00 In FLORIDA to date								
ſ	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.								
ţ	12. GENERAL PARTNER INFORMATION 13.						ADDRESS CH		
	DOCUMENT # NAME	F9800000	Tal .		STR	EET ADDRESS			
	STREET ADDRESS 3 WORLD FINANCIAL CENTER, 12 CITY-ST-ZIP NEW YORK NY 10285			TH FLOOR		Y-ST-ZIP		^	,
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	Indicated	on this repo	ort is true and accurate and t	hat my signature shall have	the sam	e legal effect as if n	ection 119.07(3)(i), Florida Statutes. hade under oath; that I am a Gener	I further cer al Partner of	tify that the information the limited partnership or
	the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes								
									00525640
1	· • •		SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING GENER	AL PARTN	ER .	Date		aylime Phone #