B98000000362

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000041448 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

FILED
2006 FEB 15 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 FEB 15 PM 1:40
DIVISION OF CORPORATION

LP/LLLP REINSTATEMENT

NHC-FL7 L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$2,000.00

Electronic Filing Menu Corporate Filing Menu Help

J. BRYANT FEB 16 2006

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 FEB 15 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (11/05)

DOCUMENT # s98000000362

1. Name of Limited Partnership
NRC-PL7 L.P.

2. Principal Office Address	3. Mailing Office Address
399 Park Avenue	399 Park Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
8th Floor	8th Floor
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10022 / USA	10022 / USA

4. Date Formed or Registered To Do Business in Florida: 06/04/1998

5. FEI Number: 860914493 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee required for a Certificate of Status)

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: FL | Zip Code: 32301-2525

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $68.75 for each year due this office.
Penalty Fee(s): $600 for each year or part thereof limited partnership revoked on our records

9. Pursuant to the provisions of section 620.1010 or 620.1505, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): Laura R Dunlap (REGISTERED AGENT (DO NOT SIGN)) Date: 2/15/06
Laura R. Dunlap as its agent

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
PAMI-PL7 INC.	399 Park Avenue, 8th Floor	New York, NY 10022	F98000003171

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 filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. to the extent that the information supplied is deemed exempt from public access. I further certify that the information indicated on the 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, member or manager empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: _____ DATE: February 10, 2006

Typed or Printed Name of General Partner Signing Form: Yon Cho, President Telephone Number: 212-526-2103