

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005609

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** NHP TREASURE COAST TIC 9, LLC

**Current Principal Place of Business:**

C/O NATIONAL HEALTHCARE PROPERTIES, INC.  
1750 30TH STREET, SUITE 123  
BOULDER, CO 80301

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NATIONAL HEALTHCARE PROPERTIES, INC.  
1750 30TH STREET, SUITE 123  
BOULDER, CO 80301

**New Mailing Address:**

**FEI Number:** 20-4905468      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** NATIONAL HEALTHCARE, PROPERTIES, IN C .  
**Address:** 1750 30TH STREET, SUITE 123  
**City-St-Zip:** BOULDER, CO 80301

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN H MCCULLOCH      PRES      04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date