

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # B97000000711 1. Entity Name NHR/OP, L.P.					
Principal Place of Business 100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37133			Mailing Address 100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37130		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01292004 Chg-LP CR2E003 (10/03)	
4. FEI Number 52-2069102				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,000.00		DATE _____	
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 #	F02000004811		STREET ADDRESS		
NAME	NHR/DELAWARE, INC.		CITY-ST-ZIP		
STREET ADDRESS	100 VINE STREET		STREET ADDRESS		
CITY-ST-ZIP	MURFREESBURO, TN 37130		CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W. Andrew Adams W. Andrew Adams 4/14/04 615-890-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #