2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED **Due By May 1, 2007** Apr 19, 2007 08:00 All Secretary of State DOCUMENT # B97000000711 1. Entity Name NHR/OP, L.P. Principal Place of Business Mailing Address 100 VINE STREET, SUITE 1400 100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37133 MURFREESBORO, TN 37130 04122007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2069102 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DRIVE **SUITE 4** IN THIS SPACE WESTON, FL 33331 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. F02000004811 DOCUMENT # NHR/DELAWARE, INC. NAME STREET ADDRESS 100 VINE STREET CITY-ST-ZIP MURFREESBURO, TN 37130 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-7IP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP **DOCUMENT** U00000718525 NAME 05/01/07-80026-007 500.00 STREET ADDRESS CITY-ST-7IP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

4-1207

615-890-2020