2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # L02000033120 1. Entity Name NHC PLACE/VERO BEACH, LLC							04-26-2005	90016 035 ****5	50.00
Principal Place of Business 100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37130		Mailing Address 100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37130			20047587				
2. Princinal P	Place of Business	3. Mailing Address							
· · · · · · · · · · · · · · · · · · ·		-				ABIJA HON OBLU KANA ABK		 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192005	Chg-LLC	CR2E083 (10/03)	
City & State		City & State			4. FEI Numbe 65-099		1 →	Applied For lot Applicable	
Zip	Country Zip Cou		Count	try		5. Certificate of Status Desired		S5.00 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent				7. Name and	Address of New R	<u>`</u> _	
NDALCED		Name							
2731 EXE	VICES, INC. CUTIVE PARK DRIVE	Street Address			ddress (F	(P.O. Box Number is Not Acceptable)			
SUITE 4 WESTON,	FL 33331						-		
				City				FL Zip Co	de
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	d office o	r register	ed agent, or bot	h, in the State of Flo	orida. I am familiar with	n, and accept
SIGNATURE .									
0.0	Signature, typed or printed name of registered agent a			4 4				DATE	
-	Signature, typed or printed name or registered agent a	nd otte if applicable. (NO12	:: Registered	3 Ağısıı sığına	are required	when reinstating)		DATE	
Fi Di	iling Fee is \$50.00 ue by May 1, 2005	no use ir applicable. (NU1)	:: Hegistered	a Agent signe	ure required	when reinstating)		e check payable to Department of Sta	ite
	illing Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEI		10.		ure required	when reinstating)		e check payable to Department of Sta	
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER		10.		· · · · · · · · · · · · · · · · · · ·		Florida	e check payable to Department of Sta	Addition
	illing Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEI	RS/MANAGERS	10. TITLE		· · · · · · · · · · · · · · · · · · ·	(OP L. f.	Florida	e check payable to Department of Sta	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: MALLY MANUEL MANUEL SUNTANT SUNTANT