## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000033122

1. Entity Name
NHC PLACE/STUART, LLC



FILED Apr 23, 2007 08:00 Al Secretary of State

Principal Place of Business

**100 VINE STREET** 

SUITE 1400

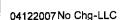
CITY-ST-ZIP

MURFREESBORO, TN 37130

Mailing Address

P.O. BOX 1398

MURFREESBORO, TN 37133



CR2E083 (11/05)

4. FEI Number 65-0991662 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

CES, INC.

## DO NOT WRITE IN THIS SPACE

<ol><li>The above the obligat</li></ol>	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.		Apent signature required when reinstating)  DATE
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agent signature required when reinstating)  DATE
FI Di	ling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	NHC/OP, L.P	
STREET ADDRESS	100 VINE ST	•
CITY-ST-ZIP	MURFREESBORO, TN 37133	
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STREET ADDRESS		05/02/07-80109-017 50.00
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NAME		
STREET ADDRESS		and a second distribution of the second distribu

11. 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 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: 7/1/1/1/ JUNE DE SIGNATURE MENDED OF AUTHORIZED REDDERANTA

<u>0-07</u>

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