## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED** May 27, 2003 8:00 am Secretary of State

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DOCUMENT # L02000033122  1. Entity Name					05-	.02-2003 90603	F001 ***300.0	00
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					II.	* 100011	0	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		44002418			
100 Vine Street			P. O. Box 1398				•	
Suite, Apt. #, etc. Suite 1400		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number		Applied For	7
Murfreesboro, TN		Murfreesbor	Murfreesboro, TN		65-0991	662	Not Applica	able
Zip	Country	Zip	Country	,	5. Certificate of Status De		5.00 Additional se Required	
371	30 1	37133			7. Name and Address of C		<del></del>	
				Name -NRAI Services; Inc.				
	PO NO	TWRITE			O. Box Number is Not Acc			
	INTHIS	SPACE	52		6 E. Park Avenue			$\dashv$
					lahassee	FL.	Zip Code	$\dashv$
8. The above	named entity submits this sta	atement for the purpose of changing	its registered				1 32301	pt
	ions of registered agent.		<b>G</b>		<b>9</b> 2 2	•	,	
SIGNATURE .	Signature, typed or printed name of reg	stered agent and title if applicable.	<del></del>			DATE		
			FEE IS \$	50.00				
		, Wake Check Paya			nt of State			
			DUE BY	AY 1				SANS A
9.	Sole Member M	G MEMBERS/MANAGERS	pnies					
NAME *	NHC/OP, L.P.		NAME					CR2E083B (12/02)
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11. I hereby certify that the information supplied with this filing does not quality 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 it 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.

W. Andrew Adams, Pres.

4/3/03

615-890-2020

SIGNATURE: W. Andrew Adam NHC/OP, L.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

Date

Daytime Phone #