2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000033131

1. Entity Name
NHC PLACE/MERRITT ISLAND, LLC

Principal Place of Business	Mailing Address
100 VINE STREET, SUITE 1400	PO BOX 1398
MURFREESBORO, TN 37130	MURFREESBORO, TN 37133

DO NOT WRITE IN THIS SPACE

04182006 No Chg -LLC   CR2E083 (11/05)

4. FEI Number	Applied For
59-3632674	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

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NHC/OP, L.P.
STREET ADDRESS	100 VINE STREET
CITY-ST-ZIP	MURFREESBORO, TN 37130

U00000531587
05/06/06-80049-018 50.00

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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: _Kathy T. Henderson_, Kathy T. Henderson, Asst. Sec.   4/18/06   615-890-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #