

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000001391

1. Entity Name
NHC MANAGEMENT COMPANY, LLC



Principal Place of Business
6991 E. CAMELBACK ROAD
B310
SCOTTSDALE, AZ 85251

Mailing Address
6991 E. CAMELBACK ROAD
B310
SCOTTSDALE, AZ 85251



07062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3637775

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NAPP, DAVID A
STREET ADDRESS	6991 E. CAMELBACK ROAD, SUITE B360
CITY - ST - ZIP	SCOTTSDALE, AZ 85251
TITLE	MGRM
NAME	EDWARDS, COLLEEN S
STREET ADDRESS	6991 E. CAMELBACK ROAD, SUITE B360
CITY - ST - ZIP	SCOTTSDALE, AZ 85251
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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07/26/05-80004-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

David Napp

7/6/05

(602) 750-9770

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

Date

Daytime Phone #