


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90119 003 \*\*\*\*50.00

<b>DOCUMENT # M02000001391</b> 1. Entity Name <b>NHC MANAGEMENT COMPANY, LLC</b>					
Principal Place of Business <b>6991 E. CAMELBACK ROAD B310 SCOTTSDALE AZ 85251</b>			Mailing Address <b>6991 E. CAMELBACK ROAD B310 SCOTTSDALE AZ 85251</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$50.00.</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete <b>NAPP, DAVID A</b> <b>B310</b> <b>6991 E. CAMELBACK ROAD, SUITE <del>B300</del></b> <b>SCOTTSDALE AZ 85251</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete <b>EDWARDS, COLLEEN S</b> <b>B310</b> <b>6991 E. CAMELBACK ROAD, SUITE <del>B300</del></b> <b>SCOTTSDALE AZ 85251</b>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
By: <u>Colleen S. Edwards, Manager/member</u> <b>SIGNATURE:</b> <u>Colleen S. Edwards</u> <b>S-3-06</b> <b>480-423-5700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



1st MOORE CR2E083 (10/05)

4. FEI Number **04-3637775** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**FL**

Zip Code