2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0400000921

1. Entity Name
NHI PROPERTIES LLC



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business

2800 SOUTHCROSS DRIVE WEST BURNSVILLE, MN 55306

Mailing Address

2800 SOUTHCROSS DRIVE WEST BURNSVILLE, MN 55306



DO NOT WRITE IN THIS SPACE

04242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0805540

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	d office or registered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered	Agent signature required when reinstalling)	DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2006		50-2-0-1 50-2-0-1 1	,
9.	MANAGING MEMBERS/MANAGERS	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOTULA, DONALD L 2800 SOUTHCROSS DRIVE WEST BURNSVILLE, MN 55306			- ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U01 05/13/	000551288 06-80093-019 50.00
TITLE NAME SIREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	· ·			

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 true to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

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

Date

Daytime Phone #