

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005948

Entity Name: HRI TAMARAC, LLC

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

520 NORTH CENTRAL AVE., SUITE 500
GLENDALE, CA 92103

New Principal Place of Business:

610 NEWPORT CENTER DRIVE
SUITE 1150
NEWPORT BEACH, CA 92660

Current Mailing Address:

520 NORTH CENTRAL AVE., SUITE 500
GLENDALE, CA 92103

New Mailing Address:

610 NEWPORT CENTER DRIVE
SUITE 1150
NEWPORT BEACH, CA 92660

FEI Number: 45-0508466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: PETER F. SOUZA, FOR CT CORPORATION SYSTEM

04/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FIRST AMERICAN EXCHA, NGE COMPANY, L L C
Address: 520 NORTH CENTRAL AVE., SUITE 500
City-St-Zip: GLENDALE, CA 92103

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NATIONWIDE HEALTH PR, OPERTIES, INC.
Address: 610 NEWPORT CENTER DRIVE, SUITE 1150
City-St-Zip: NEWPORT BEACH, CA 92660

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 SNYDER

VP

04/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date