


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000002306
 1. Entity Name
NEW PORT RICHEY MEDICAL INVESTORS, LLC



Principal Place of Business Mailing Address
3570 KEITH STREET NW **3570 KEITH STREET NW**
CLEVELAND, TN 37312 **CLEVELAND, TN 37312**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 73-1656805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRESTON, FORREST L 3570 KEITH STREET NW CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVELOPERS INVESTMENT COMPANY II, INC. 3570 KEITH STREET NW CLEVELAND, TN 37312
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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 605, Florida Statutes.

SIGNATURE: Janet Hummel, Assistant Secretary 2/21/06 (423) 473-5868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #