


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # M02000002340  
1. Entity Name  
INVERRARY RETIREMENT INVESTORS, LLC



Principal Place of Business      Mailing Address  
3570 KEITH STREET, N.W.      3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312      CLEVELAND, TN 37312

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 76-0712500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, FORREST L 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CLAYTON, ANGELENA Y 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CROSS, CINDY S 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THURMOND, JOAN E 3570 KEITH STREET, N.W. CLEVELAND, TN 37312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000447157  
03/08/06 80042-019 50.00

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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 608, Florida Statutes.

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