


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1 of 2

DOCUMENT # M02000002342 1. Entity Name INVERRARY MEDICAL INVESTORS, LLC	
--	---


Principal Place of Business 3570 KEITH STREET NW CLEVELAND, OH 37312	Mailing Address 3570 KEITH STREET NW CLEVELAND, OH 37312
--	--

DO NOT WRITE IN THIS SPACE

FILED

2004 AUG 16 PM 3:34

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



07162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 76-0712497	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

DO NOT WRITE
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 _____

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRESTON, FORREST L
STREET ADDRESS	3570 KEITH STREET NW
CITY-ST-ZIP	CLEVELAND, OH 37312
TITLE	VST
NAME	CLAYTON, ANGELENA Y
STREET ADDRESS	3570 KEITH STREET NW
CITY-ST-ZIP	CLEVELAND, OH 37312
TITLE	AS
NAME	CROSS, CINDY S
STREET ADDRESS	3570 KEITH STREET NW
CITY-ST-ZIP	CLEVELAND, OH 37312
TITLE	AS
NAME	THURMOND, JOAN E
STREET ADDRESS	3570 KEITH STREET NW
CITY-ST-ZIP	CLEVELAND, OH 37312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

400040580184
08/27/04--01036--001 **50.00

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 8/13/04 (423) 473-5868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

EXHIBIT "A"

**Inverrary Medical Investors, LLC
3570 Keith Street, NW
Cleveland, TN 37312**

Members

Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Developers Investment Company II, Inc.	3570 Keith Street, NW	Cleveland, TN 37312

Officers

Chief Manager	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Vice President / Secretary / Treasurer	Angelena Y. Clayton	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312