

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000001313  
 1. Entity Name  
 PALM BAY MEDICAL INVESTORS, LLC



Principal Place of Business      Mailing Address  
 3570 KEITH STREET, NW      3570 KEITH STREET, NW  
 CLEVELAND, TN 37320-3480      CLEVELAND, TN 37320-3480

**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 42-1588892	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  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 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 \_\_\_\_\_ 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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRESTON, FORREST L 3570 KEITH STREET, NW CLEVELAND, TN 373203480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEVELOPERS INVESTMENT COMPANY II, INC. 3570 KEITH STREET, NW CLEVELAND, TN 373203480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 03/30/05-80037-005 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 698, Florida Statutes.

SIGNATURE: Joan C. Mumford      Date: MAR 11 2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #