2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001313

1. Entity Name
PALM BAY MEDICAL INVESTORS, LLC



Principal Place of Business

3570 KEITH STREET, NW CLEVELAND, TN 37320-3480 Mailing Address

3570 KEITH STREET, NW CLEVELAND, TN 37320-3480

FILED Jun 23, 2006 8:00 am Secretary of State

06-23-2006 90139 009 ****50.00

40096859



05182006 No Chg-LLC

CR2E083 (11/05)

42-1588892	Not Applicable	
	□ \$5.00 Additional	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

the obligat	tions of registered agent.	the obligations of registered agent.				
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Regetered Agent signature required when reinstating)	DATE			
Filing Fee is \$50.00 Due by September 6, 2006						
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-S1-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		DO NOT	WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS S	SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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

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.

Palm Bay Medical Investors LC

By: Developers I

SIGNATURE

SIGNATURE:

CITY-ST-ZIP

/Corporate Manager

6/21/06

Date

(423) 473-5868

Joan E. Thurmond, Assistant Secretary to Corporate Manager

Daytime Phone #