


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-LLC CR2E083 (11/05)

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

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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 _____ (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, 2007

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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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, LLC
 By: *Joan E. Thurmond*, Assistant Secretary
SIGNATURE: _____ Date 3/29/07 (423) 473-5868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Joan E. Thurmond