


**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90433 042 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # M03000003101</b>			
1. Entity Name GARDENS COURT REAL ESTATE INVESTORS, LLC			
Principal Place of Business 3570 KEITH ST., N.W. CLEVELAND, TN 37312		Mailing Address 3570 KEITH ST., N.W. CLEVELAND, TN 37312	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signatures, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, FORREST L 3570 KEITH ST., N.W. CLEVELAND, TN 37312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Gardens Court Medical Investors, LLC 3570 Keith Street, NW Cleveland, TN 37312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLAYTON, ANGELENA 3570 KEITH ST., N.W. CLEVELAND, TN 37312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Manager Gardens Court Real Estate, Inc. 3570 Keith Street, NW Cleveland, TN 37312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIEGLER, J. STEPHEN 3570 KEITH ST., N.W. CLEVELAND, TN 37312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSS, CINDY S 3570 KEITH ST., N.W. CLEVELAND, TN 37312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THURMOND, JOAN E 3570 KEITH ST., N.W. CLEVELAND, TN 37312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 808, Florida Statutes. Gardens Court Real Estate Investors, LLC By: Gardens Court Real Estate, Inc. Corporate Manager <b>SIGNATURE:</b> By: <i>Joan E. Thurmond</i> Date: 3/29/07 (423) 473-5868 <small>SIGNATURE AND TYPE OF OFFICE OR NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>			

Joan E. Thurmond, Assistant Secretary

30005587



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4. FEI Number 86-1080850 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required