

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90095 011 \*\*\*\*55.00

20061340



06292005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2549896**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JONES, RICHARD K  
501 WEST BAY STREET  
JACKSONVILLE, FL 32202

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MVP  
GSTOHL, KENNETH E  
7320 ST. RD. 13 N.  
ST. AUGUSTINE, FL 32092

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MST  
STALTSMAN, JOHN B JR.  
5569 KNOB ROAD  
NASHVILLE, TN 37209

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MP  
THORNTON, G.E.  
115 MIDDLETON CIRCLE  
NASHVILLE, TN 37215

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MCFO  
NEWTON, ROBERT R  
385 RIVERBEND ROAD  
SHELBYVILLE, TN 37160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(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:** *Robert R Newton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*6-29-05*

Date

*931-684-5055*

Daytime Phone #