

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000021777

1. Entity Name
 BEAR CREEK LESSOR/LLC



Principal Place of Business
 1151 AVON STREET
 MURFREESBORO, TN 37129

Mailing Address
 P.O. BOX 1398
 MURFREESBORO, TN 37133

DO NOT WRITE IN THIS SPACE



01292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2269380	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

NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE, FL 32301

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B. 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, 2004**

U00000125408
 04722704-80083-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARE FOUNDATION OF AMERICA, INC. 1151 AVON STREET MURFREESBORO, TN 37129
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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: John B. Morton Date: 3/3/04 Day/In Phone #: 615-890-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE