


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L01000021778</b> 1. Entity Name CYPRESS COVE LESSOR/LLC	
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Principal Place of Business 700 S.E. 8TH AVE. CRYSTAL RIVER, FL 34429	Mailing Address P.O. BOX 1398 MURFREESBORO, TN 37133
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	U00000125412 04/22/04-80083-025 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARE FOUNDATION OF AMERICAN, INC 1511 AVON MURFREESBORO, TN 37129
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**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.

<b>SIGNATURE:</b> <i>John B. Morton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	3-3-04 Date	615-890-9100 Daytime Phone #
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