

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000021780

Entity Name: ROYAL OAK LESSOR/LLC

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1511 AVON STREET  
MURFREESBORO, TN 37129

**New Principal Place of Business:**

611 COMMERCE STREET  
NASHVILLE, TN 37203

**Current Mailing Address:**

P.O. BOX 1398  
MURFREESBORO, TN 371331398

**New Mailing Address:**

FEI Number: 62-1852435      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CARE FOUNDATION OF A, MERICA, INC.  
Address: 282 KEVIN DR  
City-St-Zip: MURFREESBORO, TN 37129

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CARE FOUNDATION OF A, MERICA, INC.  
Address: 611 COMMERCE STREET  
City-St-Zip: NASHVILLE, TN 37203

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES EARLE

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04/22/2008

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date