

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000854

Entity Name: CAHABA PARK, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

2908 BAY TO BAY BLVD., SUITE 200
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

2908 BAY TO BAY BLVD., SUITE 200
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 22-3950562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCIS INVESTMENTS, INC.
2908 BAY TO BAY BLVD.
SUITE 200
TAMPA, FL 33629 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: MGRM () Delete
Name: ARCIS CAHABA, INC.,
Address: 2908 BAY TO BAY BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33629 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: BURDGE, BRUCE D
Address: 2908 BAY TO BAY BLVD, SUITE 200
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Change (X) Addition
Name: SHOWALTER, KRISTEN K
Address: 2908 BAY TO BAY BLVD, SUITE 200
City-St-Zip: TAMPA, FL 33629

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: KRISTEN KENNEDY SHOWALTER

VP

04/28/2008

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