

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 31, 2008
Secretary of State**

DOCUMENT# L07000058587

Entity Name: SPA AT MADEIRA BAY, LLC

Current Principal Place of Business:
1114 SEVENTEENTH AVENUE SOUTH
SUITE 205
NASHVILLE, TN 37212 US

New Principal Place of Business:

Current Mailing Address:
1114 SEVENTEENTH AVENUE SOUTH
SUITE 205
NASHVILLE, TN 37212 US

New Mailing Address:

FEI Number: 30-0447052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:
HOFSTRA, PETER T
8640 SEMINOLE BOULEVARD
SEMINOLE, FL 33772 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:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: LEWIS, SAM J JR.
Address: 1114 SEVENTEENTH AVENUE SOUTH #205
City-St-Zip: NASHVILLE, TN 37212 US

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

Title: MGRM () Delete
Name: TWIFORD, RAINER
Address: 3317 OVERBROOK ROAD
City-St-Zip: BIRMINGHAM, AL 35213 US

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

Title: MGRM () Delete
Name: DUTY, J. BRUCE
Address: 7501 BEACON HILL ROAD
City-St-Zip: MCKINNEY, TX 75070 US

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

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: SAM J. LEWIS, JR.

MGRM

03/31/2008

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