

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000000285**

1. Entity Name

BLOUNTSTOWN HEALTH INVESTORS, L.C.



Principal Place of Business

46 THIRD STREET, NW  
HICKORY, NC 28601

Mailing Address

46 THIRD STREET, NW  
HICKORY, NC 28601

**DO NOT WRITE IN THIS SPACE**



04132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

56-1995620

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKIBBEN, R. BRUCE P.A.  
1301 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME TREFZGER, CHARLES E JR.  
STREET ADDRESS 46 THIRD STREET, NW  
CITY-ST-ZIP HICKORY, NC 28601

TITLE MGRM  
NAME EARL, JOHN K  
STREET ADDRESS 52 12TH AVENUE, NE  
CITY-ST-ZIP HICKORY, NC 28601

TITLE MGRM  
NAME THOMPSON, WILLIAM C III  
STREET ADDRESS 52 12TH AVENUE, NE  
CITY-ST-ZIP HICKORY, NC 28601

TITLE MGRM  
NAME YOUNG, WILLIAM L III  
STREET ADDRESS 52 12TH AVENUE, NE  
CITY-ST-ZIP HICKORY, NC 28601

TITLE MGRM  
NAME HODGES, JAMES R  
STREET ADDRESS 52 12TH AVENUE, NE  
CITY-ST-ZIP HICKORY, NC 28601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000163783  
07/07/04-80017-002 50.00

**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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/13/04

828-381-9913