

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90116 007 ****50.00

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07122005 Chg-LLC CR2E083 (10/03)

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	
2. Principal Place of Business 56 THIRD STREET, NW		3. Mailing Address 56 THIRD STREET, NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HICKORY, NC		City & State HICKORY, NC	
Zip 28601	Country USA	Zip 28601	Country USA
4. FEI Number 56-1995620		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKIBBEN, R. BRUCE P.A. 1301 MICCOSUKEE ROAD TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name MCKIBBEN, R. BRUCE P.A. Street Address (P.O. Box Number is Not Acceptable) 1435 PIEDMONT DRIVE EAST SUITE 214 City TALLAHASSEE FL Zip Code 32308	
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 _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TREFZGER, CHARLES E JR. 46 THIRD STREET, NW HICKORY, NC 28601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TREFZGER, CHARLES E JR. 56 THIRD STREET, NW HICKORY NC 28601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EARL, JOHN K 52 12TH AVENUE, NE HICKORY, NC 28601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMPSON, WILLIAM C III 52 12TH AVENUE, NE HICKORY, NC 28601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YOUNG, WILLIAM L III 52 12TH AVENUE, NE HICKORY, NC 28601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HODGES, JAMES R 52 12TH AVENUE, NE HICKORY, NC 28601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: CHARLES E. TREFZGER, JR., MANAGER		Date 7/13/05 Daytime Phone # 828-322-5535	