

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000948

1. Entity Name
BRENTWOOD/TAMPA, L.L.C.



FILED

2004 APR 28 A 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3301 WEST END AVE., SUITE 200
NASHVILLE, TN 37203

Mailing Address
3301 WEST END AVE., SUITE 200
NASHVILLE, TN 37203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03192004 Chg-LLC CR2E083 (10/03)

4. FEI Number
62-1820102

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, JOHN
3105 BAY OAKS COURT
TAMPA, FL 33629

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CARTER, L. MARC
3301 WEST END AVE., SUITE 200
NASHVILLE, TN 37203 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
400034379084
04/28/04--01018--002 **50.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

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

4/13/04

Date

615.279.9200

Daytime Phone #