#### **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **DOCUMENT # M01000000677**

GARDENS COURT MEDICAL INVESTORS, LLC

Principal Place of Business 3570 KEITH ST., NW CLEVELAND, TN 37312

Mailing Address

3570 KEITH ST., NW CLEVELAND, TN 37312

# **FILED** Jun 23, 2006 8:00 am **Secretary of State**

06-23-2006 90139 001 \*\*\*\*50.00



05192006 No Chg-LLC DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

62-1849773

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083 (11/05)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

	a named entity submits this statement for the purpose of cha tions of registered agent."	inging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and	ассері
SIGNATURE				
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 September 6, 2006

•			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM		
NAME	PRESTON, FORREST L		
STREET ADDRESS	3570 KEITH STREET NW		
CITY-ST-ZIP	CLEVELAND, TN 37312		
TITLE	MGRM		
NAME	DEVELOPERS INVESTMENT COMPANY, INC.		
STREET ADDRESS	3570 KEITH STREET NW		
CITY-ST-ZIP	CLEVELAND, TN 37312		
TITLE	MGRM		
NAME	HUNTER, BEECHER		
STREET ADDRESS	3570 KEITH STREET NW		
CITY-ST-ZIP	CLEVELAND, TN 37312		
TITLE	MGRM		
NAME	ALLARD, PATTI		
STREET ADDRESS	3570 KEITH STREET NW		
CITY-ST-ZIP	CLEVELAND, TN 37312		
TITLE	MGRM		
NAME	ZIEGLER, J. STEPHEN		
STREET ADDRESS	3570 KEITH STREET NW		
CITY+ST-ZIP	CLEVELAND, TN 37312		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the			

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is tope 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Gardens Court Medical Investors LLC

rate Manager

By: Developers SIGNATURE:

OR AUTHORIZED REPRESENTATIVE

6-21-06

John E. Thurmond, Assistant Secretary to Corporate Manager