2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # M02000002340



FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90433 001 ****50.00

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INVERRARY RETIREMENT INVESTORS, LLC

Principal Place of Business

Mailing Address

| 3570 KEITH<br>CLEVELAND,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | <b>V</b> .                                        | 3570 KEITH STREET, N.W.<br>CLEVELAND, TN 37312 |                    |   |                     | 1   188   188   1                                                 |                                                      |               | 8181 89111 8 <b>8</b> 11 <b>8</b> 11 | 190 lille Ridre Dal         | <b>a 1</b> 1 i ii 1 <b>1 a</b> 1 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------|------------------------------------------------|--------------------|---|---------------------|-------------------------------------------------------------------|------------------------------------------------------|---------------|--------------------------------------|-----------------------------|----------------------------------|--|
| 2. Principal P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tace of Busin | ess - No P.O. Box #                               | 3. Mailing Address                             | 3. Mailing Address |   |                     |                                                                   |                                                      |               |                                      |                             |                                  |  |
| Suite, Apt.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | #, etc.       |                                                   | Suite, Apt. #, etc.                            |                    |   |                     | 03292007                                                          | Chg                                                  | -LLC          | CR2E(                                | 083 (12/06)                 |                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                   | City & State                                   |                    |   | 4. FEI Num<br>76-07 | ber<br>12500                                                      |                                                      |               | <u> </u>                             | plied For<br>t Applicable   |                                  |  |
| Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                   | Zip                                            | Zip Countr         |   |                     | 5. Certificate of Status Desired   \$5.00 Additional Fee Required |                                                      |               |                                      |                             |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. Name       | and Address of Curren                             | t Registered Agent                             | egistered Agent    |   |                     | 7. Name and Address of New Registered Agent                       |                                                      |               |                                      |                             |                                  |  |
| C T CORP<br>1200 SOU<br>PLANTATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TH PINE I     | SLAND ROAD                                        |                                                |                    |   |                     | Name Street Address (P.O. Box Number is Not Acceptable)           |                                                      |               |                                      |                             |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                                   |                                                | City               |   |                     | FL Zip Code                                                       |                                                      |               |                                      |                             | 9                                |  |
| 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<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                   |                                                |                    |   |                     |                                                                   | Make check payable to<br>Florida Department of State |               |                                      |                             |                                  |  |
| 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | MANAGING MEME                                     | BERS/MANAGERS                                  | 10.                |   |                     |                                                                   | Α                                                    | DDITIONS      | S/CHANGES                            | 3                           |                                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3570 KEI      | N, FORREST L<br>TH STREET, N.W.<br>ND, TN 37312   | ☐ Delete                                       |                    | 1 | Deve<br>3570        | orate Mai<br>lopers Ii<br>Keith Si<br>eland, Ti                   | nvestme<br>treet,                                    | NW            | npany II                             | □ Change<br>, Inc.          | Addilion                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 3570 KEI      | N, ANGELENA Y<br>I'H STREET, N.W.<br>ND, TN 37312 | <b>∑</b> Deleie                                |                    | I |                     |                                                                   |                                                      |               |                                      | □ Change                    | ☐ Addition                       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1             | CINDY S<br>I'H STREET, N.W.<br>IND, TN 37312      | X) Delete                                      |                    |   |                     |                                                                   | ·                                                    |               |                                      | ☐ Change                    | ☐ Addition                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3570 KEI      | ND, JOAN E<br>IH STREET, N.W.<br>ND, TN 37312     | <b>⊠</b> Delete                                |                    | I |                     | _                                                                 |                                                      |               |                                      | ☐ Change                    | Addition                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                                   | ☐ Delete                                       |                    | i |                     |                                                                   |                                                      |               |                                      | ☐ Change                    | ☐ Addition                       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |               |                                                   | ☐ Delete                                       |                    |   |                     |                                                                   |                                                      |               |                                      | ☐ Change                    | Addition                         |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Inverrary Retirement Investors, LLC By: Developers Investment Company II, Inc., Corporate Manager |               |                                                   |                                                |                    |   |                     |                                                                   |                                                      |               |                                      |                             |                                  |  |
| SIGNAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TURE: _       | Bv: //////                                        | OF SIGNING MANAGING MEMBER, MA                 | 11                 | / |                     | NTATIVE                                                           | Da                                                   | 3/29/07<br>le |                                      | 23) 473-<br>Daytime Phone # | 5868                             |  |

Joan E. Thurmond, Assistant Secretary