2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 06, 2008 8:00 am Secretary of State

1. Entity Nam	MENT # M02000002			05-06-2008 90003 012 ***138.75
Principal Place	e of Business	Mailing Address		60039489
3570 KEITH CLEVELAND,	STREET, N.W. TN 37312	3570 KEITH STREET, N CLEVELAND, TN 3731		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01252008 Chg-LLC CR2E083 (12/06)
City & State	θ	City & State		4. FEI Number Applied For 76-0712500 Not Applicate
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
CTCOPP	ORATION SYSTEM		Name	
1200 SOU	TH PINE ISLAND ROAD ION, FL 33324	,	Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating) DATE
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State
				Tiorida Department of State
9.	MANAGING MEMBE	1.	10.	ADDITIONS/CHANGES
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TITLE NAME	MGR PRESTON, FORREST L	RS/MANAGERS/	TITLE NAME	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS	MGR PRESTON, FORREST L 3570 KEITH STREET, N.W.	RS/MANAGERS/	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRESTON, FORREST L 3570 KEITH STREET, N.W. CLEVELAND, TN 37312	RS/MANAGERS /	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDITIONS/CHANGES
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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 indirective or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4-14-08

Daytime Phone #



Inverrary Retirement Investors, LLC 3570 Keith Street, NW Cleveland, TN 37312

Members

Forrest L. Preston

3570 Keith Street, NW

Cleveland, TN 37312

Developers Investment Company II, Inc.

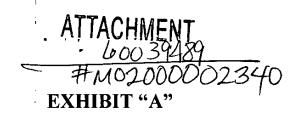
3570 Keith Street, NW

Cleveland, TN 37312

<u>Corporate Manager</u> Developers Investment Company II, Inc.

Officers

N/A



Developers Investment Company II, Inc. 3570 Keith Street, NW Cleveland, TN 37312 (423) 473-5868

Officers:

President: Forrest L. Preston 3570 Keith Street, NW Cleveland, TN 37312

Vice President/

Treasurer/Secretary: Angelena Y. Clayton 3570 Keith Street, NW Cleveland, TN 37312

Assistant Secretary: Joan E. Thurmond 3570 Keith Street, NW Cleveland, TN 37312

Assistant Secretary: Cindy'S. Cross 3570 Keith Street, NW Cleveland, TN 37312

Directors:

Forrest L. Preston 3570 Keith Street, NW Cleveland, TN 37312

Angelena Y. Clayton 3570 Keith Street, NW Cleveland, TN 37312

ATTACHMENT 60039489 # M02000002340

REQUEST FOR CHECK

FROM	Inverrary Retirement Investors, LLC
ACCOUNT NO	
DATE	January 24, 2008

Payable To	Florida Secretary of State		
Address	Attn: Legal Department - Debbie Sampley		
City			
State & Zip			
Amount \$	138.75		
Charge To		Account No.	
Purpose	Annual Report Fees		

Please return	to Debbie Sampley	By: -4/11/08- Please Thank you
Requested By	Debbie Sampley	
Approved By	July 1	
Check Issued By		
Check No.		