


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> M02000002342 <b>1. Entity Name</b> INVERRARY MEDICAL INVESTORS, LLC	
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<b>Principal Place of Business</b> 3570 KEITH STREET NW CLEVELAND, OH 37312	<b>Mailing Address</b> 3570 KEITH STREET NW CLEVELAND, OH 37312
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01312005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 76-0712497	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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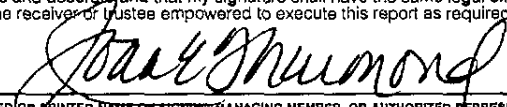
<b>DO NOT WRITE IN THIS SPACE</b>
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<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
<b>DATE</b> _____

**Filing Fee is \$50.00  
Due by May 1, 2005**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR PRESTON, FORREST L 3570 KEITH STREET NW CLEVELAND, OH 37312
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VST CLAYTON, ANGELENA Y 3570 KEITH STREET NW CLEVELAND, OH 37312
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	AS CROSS, CINDY S 3570 KEITH STREET NW CLEVELAND, OH 37312
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	AS THURMOND, JOAN E 3570 KEITH STREET NW CLEVELAND, OH 37312
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

<p>U000000280896 03/30/05-80037-012 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 609, Florida Statutes.</b>	
<b>SIGNATURE:</b> 	<b>MAR 11 2005</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>