

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

06-23-2006 90139 003 ****50.00

DOCUMENT # M02000002342

1. Entity Name
INVERRARY MEDICAL INVESTORS, LLC



Principal Place of Business
3570 KEITH STREET NW
CLEVELAND, OH 37312

Mailing Address
3570 KEITH STREET NW
CLEVELAND, OH 37312

40096865



DO NOT WRITE IN THIS SPACE

05182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
76-0712497

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRESTON, FORREST L
STREET ADDRESS	3570 KEITH STREET NW
CITY-ST-ZIP	CLEVELAND, OH 37312
TITLE	VST
NAME	CLAYTON, ANGELENA Y
STREET ADDRESS	3570 KEITH STREET NW
CITY-ST-ZIP	CLEVELAND, OH 37312
TITLE	AS
NAME	CROSS, CINDY S
STREET ADDRESS	3570 KEITH STREET NW
CITY-ST-ZIP	CLEVELAND, OH 37312
TITLE	AS
NAME	THURMOND, JOAN E
STREET ADDRESS	3570 KEITH STREET NW
CITY-ST-ZIP	CLEVELAND, OH 37312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Medical Investors, LLC
By: Developers Investment Company II, Inc., Corporate Manager

SIGNATURE: *Joan E. Thurmond*

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

6/21/06

Date

(423) 473-5868

Daytime Phone #

Joan E. Thurmond, Assistant Secretary of Corporate Manager