

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-02-2007 90434 050 ****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**

60031051

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292007

Chg-LLC

CR2E083 (12/06)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PRESTON, FORREST L
3570 KEITH STREET NW
CLEVELAND, OH 37312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VST
CLAYTON, ANGELENA Y
3570 KEITH STREET NW
CLEVELAND, OH 37312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
CROSS, CINDY S
3570 KEITH STREET NW
CLEVELAND, OH 37312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
THURMOND, JOAN E
3570 KEITH STREET NW
CLEVELAND, OH 37312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Corporate Manager
Developers Investment Company II, Inc.
3570 Keith Street, NW
Cleveland, TN 37312** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 Medical Investors, LLC
By: **Developers Investment Company II, Inc. Corporate Manager**

SIGNATURE:

By:

Joan E. Thurmond

3/29/07

(423) 473-5868

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

Date

Daytime Phone #

Joan E. Thurmond, Assistant Secretary