

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-06-2008 90003 016 ***138.75

60039485



01252008 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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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

MGR
DEVELOPERS INVESTMENT COMPANY II, INC
3570 KEITH ST NW
CLEVELAND, TN 37312

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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.

SIGNATURE:

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

Date

Daytime Phone #

Joan E. Thurmond-Assistant Secretary of Corporate Manager

4-14-08

ATTACHMENT

60039485
M02000002342

EXHIBIT "A"

Inverrary Medical 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

Corporate Manager

Developers Investment Company II, Inc.

Officers

N/A

ATTACHMENT

60039485

M02-000002342

EXHIBIT "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