



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000000734</b> 1. Entity Name HOOKS ROAD PROPERTIES, LLC	
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Principal Place of Business 424 CHURCH STREET, SUITE 2800 NASHVILLE, TN 37219	Mailing Address 424 CHURCH STREET, SUITE 2800 NASHVILLE, TN 37219
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**DO NOT WRITE IN THIS SPACE**



02102007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-2286491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

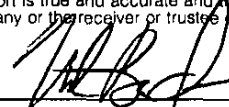
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, MARTIN S JR 424 CHURCH STREET, SUITE 2800 NASHVILLE, TN 37219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, MARTIN S 424 CHURCH STREET, SUITE 2800 NASHVILLE, TN 37219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, ELIZABETH M 424 CHURCH STREET, SUITE 2800 NASHVILLE, TN 37219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/07-80002-004 50.00

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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.

**SIGNATURE:**  **2/10/07 615-254-1479**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #