


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State


DOCUMENT # M05000000734
 1. Entity Name
 HOOKS ROAD PROPERTIES, LLC



Principal Place of Business
 424 CHURCH STREET, SUITE 2800
 NASHVILLE, TN 37219

Mailing Address
 424 CHURCH STREET, SUITE 2800
 NASHVILLE, TN 37219

DO NOT WRITE IN THIS SPACE



01132008 No Chg-LLC CR2E083 (12/07)

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

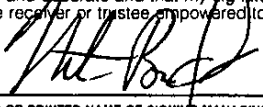
U00000788101
 01/18/08-80027-007 138.75

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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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:  **1/13/08** **615-259-1479**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #