


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000004140</b> 1. Entity Name <b>PALM BAY REAL ESTATE INVESTORS, LLC</b>	
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Principal Place of Business <b>3570 KEITH STREET, NW CLEVELAND, TN 37312</b>	Mailing Address <b>3570 KEITH STREET, NW CLEVELAND, TN 37312</b>
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3185429</b>	Applied For <input type="checkbox"/> 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	<b>MGRM DEVELOPERS INVESTMENT COMPANY II, INC. 3570 KEITH STREET, NW CLEVELAND, TN 37312</b>
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04/06/07-80004-012 50.00

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.

**Palm Bay Real Estate Investors, LLC**  
By: **Joan E. Thurmond**, Corporate Manager  
**SIGNATURE: By: Joan E. Thurmond, Assistant Secretary** 3/29/07 (423) 473-5868

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

**Joan E. Thurmond**