2008 LIMITED LIABILITY COMPANY

Apr 17, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # M07000007235** 04-17-2008 90167 005 ***138.75 BRUSH CREEK INVESTMENTS, LLC 20004130 Principal Place of Business Mailing Address 2525 WEST END AVENUE, STE 725 2525 WEST END AVENUE, STE 725 NASHVILLE, TN 37203 NASHVILLE, TN 37203 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ABBOTT, SCOTT Street Address (P.O. Box Number is Not Acceptable) 5900 NORTH ANDREWS AVENUE, STE 826 FT. LAUDERDALE, FL 33309 City 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, typed or printed name of registered agent and title if applicable. Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition TITLE HAMILTON, WHITFIELD NAME STREET ADDRESS 2525 WEST END AVENUE, STE 725 STREET ADDRESS NASHVILLE, TN 37203 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP

11. I hereby certify that the information supplied with this filling 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.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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

NAME

STREET ADDRESS

☐ Change

■ Addition