

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # M98000000147

1. Entity Name  
PORT ST. LUCIE RETIREMENT INVESTORS, LLC



Principal Place of Business  
3570 KEITH STREET, NW  
CLEVELAND, TN 37312

Mailing Address  
3570 KEITH STREET, NW  
CLEVELAND, TN 37312

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
62-1723399

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  
% CT CORPORATION  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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  
MGR  
PRESTON, FORREST L  
3570 KEITH STREET, N.W.  
CLEVELAND, TN 37312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
CLAYTON, ANGELENA  
3570 KEITH STREET, NW  
CLEVELAND, TN 37312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
CROSS, CINDY S  
3570 KEITH ST, NW  
CLEVELAND, TN 37312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
THURMOND, JOAN E  
3570 KEITH ST., NW  
CLEVELAND, TN 37312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000683742  
04/06/07-80004-017 50.00

**DO NOT WRITE  
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:** \_\_\_\_\_

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

3/29/07

Date

(423) 473-5868

Daytime Phone #

Joan E. Thurmond, Assistant Secretary