

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**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



01232008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

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

000000910292  
05/06/08-80105-003 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME PRESTON, FORREST L  
STREET ADDRESS 3570 KEITH STREET, N.W.  
CITY-ST-ZIP CLEVELAND, TN 37312

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

Date

Daytime Phone #

Joan E. Thurmond, Assistant Secretary

4-14-08

M 98000000147

**EXHIBIT "A"**

**Port St. Lucie Retirement Investors, LLC  
3570 Keith Street, NW  
Cleveland, TN 37312**

**Members**

Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Life Care Centers of America, Inc.	3570 Keith Street, NW	Cleveland, TN 37312
Farrell Preston	3570 Keith Street, NW	Cleveland, TN 37312

**Officers**

Chief Manager	Forrest L. Preston	3570 Keith Street, NW	Cleveland, TN 37312
Vice President / Secretary / Treasurer	Angelena Y. Clayton	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Cindy S. Cross	3570 Keith Street, NW	Cleveland, TN 37312
Assistant Secretary	Joan E. Thurmond	3570 Keith Street, NW	Cleveland, TN 37312