


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M98000000171</b> 1. Entity Name <b>EMERALD PARK (MELBOURNE), LLC</b>	
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Principal Place of Business 115 PENN WARREN DRIVE SUITE 300-385 BRENTWOOD, TN 37027	Mailing Address 115 PENN WARREN DRIVE SUITE 300-385 BRENTWOOD, TN 37027
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>62-1711095</b>	Applied For 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  LIGHTSEY, ALTON L 808 S DENNINA DRIVE PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COLEMAN, JOHN W 115 PENN WARREN DRIVE SUITE 300-385 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EMERALD PARK, INC. 115 PENN WARREN DRIVE SUITE 300-385 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANDERS, MARK K 129 SOUTH 11TH ST. NASHVILLE, TN 37206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000125550  
04/26/04-80046-021 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*John W. Coleman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1/6/04*  
Date

*615-661-4721*  
Daytime Phone #