


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000000171 1. Entity Name EMERALD PARK (MELBOURNE), LLC	
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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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01032005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1711095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LIGHTSEY, ALTON L
808 S DENNINA DRIVE
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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EMERALD PARK, INC. 115 PENN WARREN DRIVE SUITE 300-385 BRENTWOOD, TN 37027
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, MARK K 129 SOUTH 11TH ST. NASHVILLE, TN 37206
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/11/05-80031-021 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

1/3/05

Date

615-661-4721

Daytime Phone #