


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M98000000665	
1. Entity Name SOUTH BAY/NAPLES, L.L.C.	

Principal Place of Business 3301 WESTEND AVENUE, SUITE 200 NASHVILLE, TN 37203	Mailing Address 3301 WESTEND AVENUE, SUITE 200 NASHVILLE, TN 37203
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DO NOT WRITE IN THIS SPACE



03192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1742604	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CARTER, JOHN
3105 BAY OAKS COURT
TAMPA, FL 33629

**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)

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

04/23/04-80027-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, MARC L 3301 WESTEND AVENUE, SUITE 200 NASHVILLE, TN 37203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASTON, HARRIS C 3301 WESTEND AVENUE, SUITE 200 NASHVILLE, TN 37203
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: C. Harris Haston, manager-member 4/13/04 615.279.9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #