

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
00 NOV 20 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 2000**

**DOCUMENT #** M9900000187

**1. Limited Liability Company's Name**  
Palm Bay Associates, LLC

<b>2. Principal Office Address</b> 3841 Green Hills Village Dr.		<b>3. Mailing Office Address</b> 3841 Green Hills Village Dr.	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400	
City & State Nashville TN 37215		City & State Nashville TN 37215	
Zip	Country	Zip	Country

<b>4. State/Country of Formation</b> Tennessee	
<b>5. Date Organized or Qualified To Do Business in Florida</b> February 5, 1999	
<b>6. FEI Number</b> 62-1770882	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>	
Name	Jack B. Spira
Street Address (P.O. Box Number is Not Acceptable)	5205 Babcock Street NE
Suite, Apt. #, Etc.	
City	Palm Bay
State	FL
Zip Code	32905

400003491624-3  
-12/08/00--01041--012  
\*\*\*\*150.00 \*\*\*\*150.00

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of Registered Agent Date 11/15/00

REGISTERED AGENT MUST SIGN

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mem.	Newton Oldacre McDonald, LLC	3841 Green Hills Village Dr. Suite 400	Nashville TN 37215
Mem.	Phoenix Associates, L.L.C.	1410 Kensington Square Ct. # 101	Murfreesboro TN 37130
Mgr.	Mark McDonald	3841 Green Hills Village Dr. Suite 400	Nashville TN 37215
Mgr.	Robert A. Martin	1410 Kensington Square Ct. # 101	Murfreesboro TN 37130

**11. I, ce** filing all fe as if I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when statement application the reason for dissolution has been terminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect under oath.

Signature of Manager/Manager Date 10.31.2000 Daytime Phone # (615) 269-5444

Printed name of signing Managing Member/Manager Mark McDonald

CR2E041 (9/00)