

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000187

1. Entity Name

PALM BAY ASSOCIATES, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3841 Green Hills Village Dr.

3. Mailing Address

3841 Green Hills Village Dr.

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Nashville TN

City & State

Nashville TN

Zip

37215

Country

Zip

37215

Country

4. FEI Number

62-1770882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 APR 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Jack B. Spira
5205 Babcock Street NE
Palm Bay FL 32905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE member ☐ Delete
NAME Newton Oldacre McDonald, LLC
STREET ADDRESS 3841 Green Hills Village Dr Ste 400
CITY-ST-ZIP Nashville TN 37215

TITLE member ☐ Delete
NAME Phoenix Associates, LLC
STREET ADDRESS 1410 Kensington Square Court #101
CITY-ST-ZIP Murfreesboro TN 37130

TITLE Manager ☐ Delete
NAME Mark McDonald
STREET ADDRESS 3841 Green Hills Village Dr. Ste 400
CITY-ST-ZIP Nashville TN 37215

TITLE Manager ☐ Delete
NAME Robert A. Martin
STREET ADDRESS 1410 Kensington Square Court #101
CITY-ST-ZIP Murfreesboro TN 37130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mark McDonald

4.10.01

Date

(615) 269-5444

Daytime Phone #

CR2E083 (11/00)