

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000187

1. Entity Name

PALM BAY ASSOCIATES, LLC

FILED

01 APR 18 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 3841 Green Hills Village Dr.
Suite, Apt. #, etc. Suite 400

3. Mailing Address 3841 Green Hills Village Dr.
Suite, Apt. #, etc. Suite 400

DO NOT WRITE IN THIS SPACE

City & State Nashville TN
Zip 37215 Country

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Zip 37215 Country

4. FEI Number 62-1770882

Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | Member | <input type="checkbox"/> Delete |
| NAME | Newton Oldacre McDonald, LLC | |
| STREET ADDRESS | 3841 Green Hills Village Dr Ste 400 | |
| CITY-ST-ZIP | Nashville TN 37215 | |
| TITLE | Member | <input type="checkbox"/> Delete |
| NAME | Phoenix Associates, LLC | |
| STREET ADDRESS | 1410 Kensington Square Court #101 | |
| CITY-ST-ZIP | Murfreesboro TN 37130 | |
| TITLE | Manager | <input type="checkbox"/> Delete |
| NAME | Mark McDonald | |
| STREET ADDRESS | 3841 Green Hills Village Dr. Ste 400 | |
| CITY-ST-ZIP | Nashville TN 37215 | |
| TITLE | Manager | <input type="checkbox"/> Delete |
| NAME | Robert A. Martin | |
| STREET ADDRESS | 1410 Kensington Square Court #101 | |
| CITY-ST-ZIP | Murfreesboro TN 37130 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

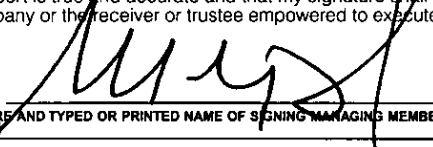
10. ADDITIONS / CHANGES

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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*****50.00 *****50.00

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: _____



Mark McDonald 4.16.01 (615)269-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/1/00)