


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000000187 1. Entity Name PALM BAY ASSOCIATES, LLC	
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Principal Place of Business 3841 GREEN HILLS VILLAGE DRIVE SUITE 400 NASHVILLE, TN 37215	Mailing Address P.O. BOX 680176 PRATTVILLE, AL 36068
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01152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1770882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIRA, JACK B 5205 BABCOCK STREET NE PALM BAY, FL 32905

**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) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM NEWTON OLDACRE MCDONALD, L.L.C. 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM PHOENIX ASSOCIATES, L.L.C. 1410 KENSINGTON SQ CT #101 MURFREESBORO, TN 37130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCDONALD, MARK 3841 GREEN HILLS VILLAGE DRIVE NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN, ROBERT A 1410 KENSINGTON SW CT #101 MURFREESBORO, TN 37130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000013859
01/26/04-80070-022 50.00

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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)(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: Thomas E Newton, Manager 1/21/04 334-341-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #