


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000187

1. Entity Name
PALM BAY ASSOCIATES, LLC



Principal Place of Business
**3841 GREEN HILLS VILLAGE DRIVE
 SUITE 400
 NASHVILLE, TN 37215**

Mailing Address
**P.O. BOX 680176
 PRATTVILLE, AL 36068**

DO NOT WRITE IN THIS SPACE



02092005 No Chg-LLC CR2E083 (10/03)

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

**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 _____ (NOTE, Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

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	
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 02/22/05-80058-007 50.00

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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: *Thomas E Newton* **Thomas E Newton** *2/17/05* **2/17-05** *334-361-8500* **334-361-8500**

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