


**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	
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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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02092005 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

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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 _____
Signature, typed or printed name of registered agent and title if applicable

**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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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)(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** **2-17-05** **334-361-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #