

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90097 043 ****50.00

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 36067**

20014408



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

36068

4. FEI Number **62-1770882**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIRA, JACK B
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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MEM** Delete
NAME **NEWTON OLDACRE MCDONALD, L.L.C.**
STREET ADDRESS **3841 GREEN HILLS VILLAGE DRIVE**
CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MEM** Delete
NAME **PHOENIX ASSOCIATES, L.L.C.**
STREET ADDRESS **1410 KENSINGTON SQ CT #101**
CITY-ST-ZIP **MURFREESBORO TN 37130**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **MCDONALD, MARK**
STREET ADDRESS **3841 GREEN HILLS VILLAGE DRIVE**
CITY-ST-ZIP **NASHVILLE TN 37215**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **MARTIN, ROBERT A**
STREET ADDRESS **1410 KENSINGTON SW CT #101**
CITY-ST-ZIP **MURFREESBORO TN 37130**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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: *Thomas E. Newton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/03
Date

334-361-8500
Daytime Phone #

CR2E083 (10/02)