File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State earpa 29 PK 4:09 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** L97000000993 1a. Principal Place of Business Address ANDERSON/KENNEDY INVESTMENT CO., LC -900 BEACH ROAD, APT. 202 900 BEACH ROAD, APT 282 JOHN'S ISLAND JOHN'S ISLAND VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Date Organized or Qualified | 3a. State of Formation 09/10/1997 FL 4. FEI Number Applied For 65-078 1355 Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name KENNEDY, TIMOTHY L 900 BEACH ROAD, APT. 282 Street Address (P.O. Box Number is Not Acceptable) JOHN'S ISLAND **VERO BEACH FL 32963** Suite, Apt. #, etc. ****188.75 ****188.75 Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing Its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE_ DATE _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGR 90 BEACH ROAD, APT. 282, J KENNEDY, TIMOTHY L VERO BEACH FL MGR ANDERSON, WILLIAM J II 201 4TH AVENUE NORTH, 9TH NASHVILLE TN 11. Ido hereby ertify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Ifurther certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

NAME OF SIGNING MUNAGING MEMBER OR MANAGER

A Second

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED