File on or before May 1, 1999 or Limited Liability Company will be

subject to a \$ 400.00 LATE FEE.										
£	TY COMPANY REPORT 19	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SHOPE DAY OF STATE HER THE COLPORATIONS CONTROL OF ANTHEOR					
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE										
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000707										
							1a. Principal Pla	ce of Business	Address	
BRASFIELD & GORRIE, L.L.C. 729 SOUTH 30TH STREET BIRMINGHAM AL 35233							729 SOUTH 30TH STREET BIRMINGHAM AL 35233			
2. Princip	siness	ng Address			3. Date Organized or Qualified 3a. State of Formation					
							10/27/1	997	DE	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			4. FEI Number		Applied For	
City & State			City & St	City & State				72-1400223 Not Applicable		
Žip		Country	Zip		Count	F./	5. Date of Last F	Report	6. Certificate of Status Desired	
Σip		Courty	2.0		Count	' Y	04/03/1	998	\$8.75 Additional Fee Required	
	7. Name	and Address of Curre	nt Registered	Agent		8.			stered Agent/Office	
1200 PLAN	FION SYSTEM PINE ISLAN FL 33324		·····	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE										
(Registered Agent Accupling Appointment) - (N				NOTE Registered As				g)		
10. Title	e Managing Members/Managers			Business Street Address			City, State and Zip Code			
MGR	GORRII	Е, М.М.		729 S	OUTH	30TH ST		00002 -03/1	NGHAM AL 	
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath: that I am a managing member or manager of the limited liability company or the receiver ar 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. SIGNATURE: SIGNATURE SIGNATURE										