	D LIABILIT ANNUAL R <b>199</b>	FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS				STORE JARY OF STATE DEVISE FOR COMPONATIONS  90 APR 20 AM 11: 32						
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE									1			
1. Name	and Mailing Ad ted Liability Co	dress DOC	UMENT				-					
964 S. HARBOR, L.L.C. 3305 WEST END AVENUE NASHVILLE TN 37203								16. Principal Place of Business Address  3305 WEST END AVENUE NASHVILLE TN 37203				
2 Principal Place of Business 2a				a. Mailing Address				3. Date Organized or Qualified 3a. State of Formation			of Formation	
Suite, Apt	# etc	Suite Ant	Suite, Apt. #, etc.				11/16/1995 TN					
Oune, Apr	. #, 000		Sune, Apr. W. etc.				4. FEI Numbe	or	•	Applied For		
City & State			City & Sta	City & State			62-1619				Not Applicable	
<b>Z</b> ip		Country	Zip		Count	try		5. Date of Las	.		trate of Status Desired	
7. Name and Address of Curren			ent Registered	Registered Agent				04/06/	1998 ess of New Regis			
its register as registe	red office or regi	stered agent, or both, in accept the obligations	n the State of Flori	ida Suchich	nange was a	uthorized	by affirmat	tive vote of a maji			e purpose of changing ccept the appointment	
Title Managing Members/Managers				Sportment) (NOTE Registered Agent signal we required when re- Business Street Addr				l l		ty, State and Zip Code		
MGR MGR	WILLINGHAM, III,			i	WEST					NASHVILLE TN NASHVILLE TN		
								7	700000 -04/ ***	2.85 30/99- *188.7	7557 -01002023 5 ****188.7	
indicated of limited tiab	n this annual re	port is true and accura the receiver or trustee	ite and that my sig	gnature sha	all have the s	ame lega	l effect as	if made under oa	ith, that I am a mai	naging mem	ify that the information bor or manager of the s in Block 10, or on an	

INHSE10 R (12-98)