2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000034320

Entity Name

ABBOTT & ANDREWS REALTY, LLC



FILED Apr 26, 2007 08:00 A Secretary of State

Principal Place of Business

8955 HWY 98 W Suite 203 Destin, FL 32550 Mailing Address

C/O RESORTQUEST INTERNATIONAL INC 8955 HWY 98 W. SUITE 203 DESTIN, FL 32550



02232007 No Chg-LLC

CR2E083 (11/05)

| 65-1176060 No | t Applicable |
|------------------|--------------|
| 4. FEI Number Ap | plied For |

5. Certificate of Status Desired

\$5.00 Additions Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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| | named entity submits this statement for the purpose of char ions of registered agent. | nging its registered office or registered agent, or both, in the | State of Florida. I am familiar with, and accept |
|---------------------------------------|--|--|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE |
| Fi | iling Fee is \$50.00 ue by May 1, 2007 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | · |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | MGR FIORAVANTI, MARK ONE GAYLORD DRIVE NASHVILLE, TN 37214 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR REED, COLIN V ONE GAYLORD DRIVE NASHVILLE, TN 37214 | | . U00000735616 5/10/07-80040-012 50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NO | T WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THI | S SPACE |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | |
| TITLE NAME STREET ADDRESS | | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4//3/0 / (45) 3/6-6/3