

2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company  
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

99 AUG -5 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
**\$ 588.75** Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company **DOCUMENT # L96000000221**

4T REALTY COMPANY, L.L.C.  
% JOE T. TAYLOR/ALSTON & BIRD LLP  
1201 W. PEACHTREE ST.  
ATLANTA GA 30309-3424

1a. Principal Place of Business Address

% WILEY SCHOOL  
211 RIDGE AVENUE  
SALISBURY NC 28144

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/20/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		59-3358835	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
				03/23/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

HILLEGASS, WILLIAM  
427 NORTH THIRD STREET  
JACKSONVILLE BEACH FL 32250

8. Name and Address of New Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
FL 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
MGRM	TAYLOR, JOE T JR	36 TIFTON WAY SOUTH	PONTE VEDRA BEACH FL
MGRM	TAYLOR, JOE T III	36 TIFTON WAY SOUTH	PONTE VEDRA BEACH FL

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\*\*\*\*588.75 \*\*\*\*588.75

11. I do 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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #