


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	APPROVED AND FILED 1997 MAY -1 AM 10: 07 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company DOCUMENT #L96000000767 LAFAYETTE HEALTH INVESTORS, L.C. 486 THIRD STREET, N.W. HICKORY NC 28601		1a. Principal Place of Business Address 486 THIRD STREET, N.W. HICKORY NC 28601		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business 486 3rd Street, NW <small>Suite, Apt. #, etc.</small>		2a. Mailing Address 486 3rd Street, NW <small>Suite, Apt. #, etc.</small>		3. Date Organized or Qualified 07/19/1996
City & State Hickory, NC 28601		City & State Hickory, NC 28601		3a. State of Formation FL
Zip 28601	Country USA	Zip 28601	Country USA	4. FET Number <input checked="checked" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent INTRASTATE REGISTERS, D AGENT CORPOR 701 BRICKELL AVENUE MIAMI FL 33131				5. Date of Last Report 6. Certificate of Status Desired Set As Additional Fee Required <input type="checkbox"/>
8. Name and Address of New Registered Agent 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGR	TREFZGER, CHARLES E	486 THIRD STREET, N.W.	HICKORY NC	
800002176468--5 -05/13/97--01061--002 ****203.75 ****203.75 758 5/12/97				
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: _____ 704-322-5535 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>				