


2nd and File on or before Sept. 30, 1998 or Limited Liability Company will be
FINAL NOTICE: dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 SEP 11 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 588.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # 196000000767 LAFAYETTE HEALTH INVESTORS, L.C. 46 3RD STREET N.W. HICKORY NC 28601
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1a. Principal Place of Business Address 46 3RD STREET N.W. HICKORY NC 28601

2. Principal Place of Business Route 3, Box 5 Suite, Apt. #, etc. City & State Mayo, FL Zip 32066	2a. Mailing Address 46 Third Street, NW Suite, Apt. #, etc. City & State Hickory, NC Zip 28601	3. Date Organized or Qualified 07/19/1996	3a. State of Formation FL
City & State Mayo, FL	City & State Hickory, NC	4. FEI Number 56-2019011	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Country Catawba	Country Catawba	5. Date of Last Report 05/01/1997	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent INTRASTATE REGISTRE, D AGENT CORPOR 701 BRICKELL AVENUE MIAMI FL 33131	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
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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
MGR	TREFZGER, CHARLES E	56 THIRD STREET, N.W.	HICKORY NC
			300002639793--2 -09/15/96--01054--007 *****588.75 *****588.75
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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:  9/9/98 (704) 322-5535
Date Daytime Phone #