


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS 931210 11952	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002705 NORTH LAGOON ROAD, L.L.C. 1366 W. 15TH STREET PANAMA CITY FL 32401		1a. Principal Place of Business Address 1366 W. 15TH STREET PANAMA CITY FL 32401			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 11/16/1998 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 03/11/99 - 01080 - 001 ****188-75 ****188-75 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent NATIONS, DONALD F 1366 W. 15TH STREET PANAMA CITY FL 32401			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL		
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 not a single)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	WHITE, SHEILA G	1017 CEDAR HILL ROAD		KNOXVILLE TN	
MEM	LATIMER, ROBERT H	1025 CEDAR HILL ROAD		KNOXVILLE TN	
MEM	NATIONS, DONALD F	1366 W. 15TH STREET		PANAMA CITY FL	
MEM	CAUTHEN, BONNIE B	95 COUNTRY CLUB DRIVE, WEST		DESTIN FL	
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: <u>Donald F. Nations, Partner</u> <u>2-16-99</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGING MEMBER OR MANAGER</small>					