

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006543

FILED
Apr 26, 2004
Secretary of State

Entity Name: CLEWISTON INVESTMENTS & ASSOCIATES, LLC

Current Principal Place of Business:

301 S. GLORIA STREET
CLEWISTON, FL 33440

New Principal Place of Business:

7201 SHALLOWFORD RD
STE 200
CHATTANOOGA, TN 37421

Current Mailing Address:

7201 SHALLOWFORD RD
STE 200
CHATT, TN 34121

New Mailing Address:

7201 SHALLOWFORD RD
STE 200
CHATTANOOGA, TN 37421

FEI Number: 65-0955593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SUNLAND ASSOCIATES,, INC.
Address: 5706 MAIN STREET
City-St-Zip: OOLTEWAH, TN 37363

Title: MGRM () Delete
Name: DEFOOR, P. BYRON
Address: 7201 SHALLOWFORD RD STE 200
City-St-Zip: CHATTANOOGA, TN 37421

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUNLAND ASSOCIATES,, INC.
Address: 7201 SHALLOWFORD RD, STE 200
City-St-Zip: CHATTANOOGA, TN 37421

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BYRON DEFOOR

MGRM

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date