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

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT FILED Secretary of State 1997 DIVISION OF CORPORATIONS 97 FFB -5 AH 10: 00 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee FILING FEE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # M94000000115 TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address SIRROM ENVIRONMENTAL FUNDING, LLC, LC 500 CHURCH STREET 500 CHURCH STREET SUITE 200 SUITE 200 NASHVILLE TN 37219 NASHVILLE TN 37219 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation Same 10/26/1994 TN Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-1577163 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country se 75 Additional Fee Required 02/19/1996 7. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent F&L CORP, THE GREENLEAF BLDG., 3RD FLOOR Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET JACKSONVILLE FL 32201 Suite, Apt. #, etc. Zip Code City 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. DATE SIGNATURE _ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGR WILSON, L. EDWARD 500 CHURCH STREET, SUITE 2 NASHVILLE TN 500 CHURCH STREET, SUITE 2 MASHVILLE TN MGR JONES, GINA C 300002081523---02/07/97--01068--001 ****212.5D ****212.50 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