



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 <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M95000000225</b> CLEARWATER LANDINGS, L.L.C., LIMITED COMPAN NY 300 BROADWAY SUITE 210 NASHVILLE TN 37201		1a. Principal Place of Business Address 300 BROADWAY SUITE 210 NASHVILLE TN 37201	
2. Principal Place of Business 3301 West End Ave Suite, Apt. #, etc. Suite 200 City & State Nashville, TN Zip 37203	2a. Mailing Address 3301 West End Ave Suite, Apt. #, etc. Suite 200 City & State Nashville, TN Zip 37203	3. Date Organized or Qualified 07/31/1995 4. FEI Number 62-1605617 5. Date of Last Report 04/27/1998	3a. State of Formation TN <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
7. Name and Address of Current Registered Agent BARNES, ROBERT L JR. 2655 MCCORMICK DR. PRESTIGE PROFESSIONAL PARK CLEARWATER FL 34619		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 100002842481--S -04/16/99--01086--019 ****188.75 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not on file)		DATE _____	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CARTER, L. MARC	300 BROADWAY, STE. 210	NASHVILLE TN
MGRM	HASTON, C. HARRIS	300 BROADWAY, STE. 210	NASHVILLE TN
MGRM	FOPPE, DOUGLAS A	300 BROADWAY, STE. 210	NASHVILLE TN
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: 		3/31/99	