

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

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 FEB -3 PH 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M95000000304

ANBRAMOS, LLC
315 RIVER ROAD
GATLINBURG TN 37738

1a. Principal Place of Business Address
315 RIVER ROAD
GATLINBURG TN 37738

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

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 10/18/1995
3a. State of Formation TN
4. FEI Number 62-1601278
 Applied For
 Not Applicable
5. Date of Last Report 03/18/1996
6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
KTGS REGISTERED AGENT, CORP.
ONE INTERNATIONAL PLACE, SUITE 2800
MIAMI FL 33131

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. ~~000002079070~~ 0
-02/05/97--01096--009
City ~~MIAMI~~ 203.75
Zip Code ~~MIAMI~~ 203.75
FL

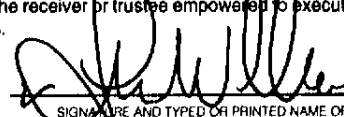
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ 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
MGRM	ANDERSON, H. CHARLES	315 RIVER ROAD	GATLINBURG TN
MGRM	BRADFORD, JERRY W	315 RIVER ROAD	GATLINBURG TN
MGRM	MOSSER, THOMAS	315 RIVER ROAD	GATLINBURG TN

JB2-4-97

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:  **1/31/97** **423/436-6943**
Date Daytime Phone #