File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR - 4 PM 12: 13 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT # M95000000304** 1a. Principal Place of Business Address ANBRAMOS, LLC 315 RIVER ROAD 315 RIVER ROAD GATLINBURG TN 37738 GATLINBURG TN 37738 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address 3a. State of Formation 10/18/1995 TN Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 62-1601278 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country SB-75 Additional Fee Required 02/03/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office KTGS REGISTERED AGENT, CORP. Street Address (P.O. Box Number is Not Acceptable) ONE INTERNATIONAL PLACE, SUITE 2800 MIAMI FL 33131 03/10/98---01018---013 Suite, Apt. #, etc. ****188.75 ****188.75 Zlp Code 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 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

11. I do hereby certify that the information supplied with this filling 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.

SIGNATURES

MGNATURE AND TYPED OR PRINTED NAME OF SIGNING M

SIGNING MANAGING MEMBER OF MANAGER

(423)436-6943

Daytime Phone #