Al	LIABILITY COMPANY NNUAL REPORT 1999	ORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS  99 APR -1 AM 8:31					
TLING F \$ 188.7	FEE Annual Report \$100.075 Make Check Payable	0 + \$88.75 (	Corporation Sup	priemental Fee	4		BIC U- V	•	
i. Name a			# M950000		1				
A	NBRAMOS, LLC				1a. Principal Plac	e of Business /	Address		
	15 RIVER ROAD ATLINBURG TN 377	38			315 RIV				
2 Principal Place of Business 2a. Mailir			ng Address		3. Date Organized or Qualified		3a. State of Formation		
		Suite, Apt	te, Apt. #, etc.		10/18/1995 4. FEI Number		TN	TN	
							[[	Applied For	
		City & Sta	te		62-1601278 5. Date of Last Report		][	Not Applicable	
Ζip	Country	Zip	Cou	ntry				of Status Desired	
	7. Name and Address of Curre	nt Registered	Agent	8.	Name and Address	<del></del>			
				Suite, Apt. #, etc	· 	E	Zip Code	MH	
its registere	nt to the provisions of Sections 608.41 ed office or registered agent, or both, in ed agent, and accept the obligations.	the State of Flor	ida. Such change wa	City  above-named limites authorized by affirmations	d liability company si ative vote of a majorit		ement for the positive solutions according to the contract of	ept the appointmen	
its registere as register SIGNATUR	ed office or registered agent, or both, in ed agent, and accept the obligations. RE (Registered Agent Accept	the State of Flor	ida. Such change wa:	City above-named limited	d liability company si ative vote of a majorit	ibmits this state y of the member DATE	ement for the possible s. I hereby according	ept the appointmen	
its register as register SIGNATUR 0. Title	ed office or registered agent, or both, in red agent, and accept the obligations.	the State of Flor ng Appointment) (6 gers	ida. Such change wa:	City  above-named limiters authorized by affirms the respectation to restate iness Street Address	d liability company si ative vote of a majorit	ubmits this state by of the member  DATE  City	ement for the positive solutions in the positive solution in the positi	ept the appointmen	
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its registered as register signature. Signat	ed office or registered agent, or both, in ed agent, and accept the obligations.  RE (Registered Agent Accept Managing Members/Managing Members/Member	ng Asponitivent) (A yers ARLES	OIE Registered Agent sign Bus 315 RIVE 315 RIVE	above-named limited is authorized by affirmative respect when tenstate iness Street Address  R ROAD  R ROAD	d liability company stative vote of a majorit	Caty  GATLI  GATLI  GATLI  GATLI  GATLI  GATLI  GATLI  GATLI  GATLI	State and Zip  NBURG	Code  FN  FN	