File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE 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

DOCUMENT # M9500000340

2. Principal Place of Business

attachment with an address.

SIGNATURE:

BEN H. Willingham, III

Sulte, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

964 S. HARBOR, L.L.C. 3305 WEST END AVENUE NASHVILLE TN 37203

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

3a. State of Formation

TN

1a. Principal Place of Business Address

3. Date Organized or Qualified

11/16/1995

3305 WEST END AVENUE NASHVILLE TN 37203

Suite, Apt. #, etc.			Sune,	Suite, Apt. #, etc.				4. FEI Number			TE	1			
											Applied For				
City & State City &					State State				62-1619862			Not Applicable			
Zip Country				Zip	Zip Count			5. Date of Last Report			6. Certif	icate o	f Status Desired		
Z.p		Coorning		,5		000111	,,		05/0	E /1 007	\$8.75 Ad	ditional	Fee Required		
<del></del>	7. Name	and Addres	s of Curre	ni Register	ed Agent	Agent				05/05/1997  3. Name and Address of New Registered Agent/Office					
						Name									
C T CORPORATION SYSTEM															
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					D		Street A	Address (P.	s (P.O. Box Number is Not Acceptable)						
PLANT				<sup>200002487322 4</sup>											
						Sulte, Apt. #, etc.					4/38~~ 100 70	UIU	₩**188.75		
											***100.15				
					City				Zip Cod	e					
<b>6</b> D	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 agont, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment															
as registere	ed agent, and s	ccept the c	bligations.												
SIGNATUR	RE									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					
MGR	WILLIN	GHAM,	III,	BEN	н ззо5	WEST	END	AVEN	UE	NASHV:	LLLE	TN	\$7203		
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- MARINA		erene v	(2)1115		C	ADAW:	3-00	37		TIT XCN	TN				
MGR	REASOR	, CHA	RLES	B JR.	3305	WEST	END	AVEN	UE	NASHV:	LLLE	TN	202 ES		
امرا															
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11 Idohere	shy certify that t	he informati	on gunolied	with this filin	العبادات عمدات	ifu for the ave	amntion et	atad in Soc	tion 119 07/1	3) (ii) Florida Statutas	Ifurtheres	ortify the	et 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 eath; 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