
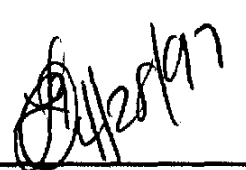


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 APR 24 AM 8:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company AVERITT/PALM INVESTMENTS, LLC 518 OLD KENTUCKY HIGHWAY COOKEVILLE TN 38501		DOCUMENT # M96000000015 1a. Principal Place of Business Address 518 OLD KENTUCKY HIGHWAY COOKEVILLE TN 38501			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/29/1995	
City & State		City & State		TN	
Zip		Country		4. FEI Number	
				62-1610399	
				62-1308781	
				5. Date of Last Report	
				04/22/1996	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent	
ELLIS, TOM 6000 NORTHWEST 72ND STREET MIAMI FL 33166 14291 NW 4th STREET SUNRISE, FL 33325				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				100002163121-6	
				-05/02/97--01051--021	
				***203.75 ***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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	ELLIS, TOM	14291 NW 4th STREET		SUNRISE, FL 33325	
CM	SASSER, GARY D	6000 NORTHWEST 72ND STREET		MIAMI FL	
M	JOHNSON, GARY D	518 OLD KENTUCKY HIGHWAY		COOKEVILLE TN	
	GEORGE H.	518 OLD KENTUCKY HIGHWAY		COOKEVILLE 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: _____		_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		_____ <small>Date</small>	
				_____ <small>Daytime Phone #</small>	