2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9600000015 1. Entity Name AVERITT/PALM INVESTMENTS, LLC Principal Place of Business Mailing Address							SECRETARY OF STATE DIVISION OF CORPORATIONS OO MAY 16 AM 10: 59				
Principal Place of Business Mailing Address											
				old Kentucky Highway Keville TN 38501							
2. Principal Place of Business 3. Mailing Address .] I	# 0 0 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I ur iii bu iii bu iii	ab iki baib i (i	BBI BIII IOCI	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	θ		City & State			4. FEIN	62-1610399			olied For Applicable	,
Zip .	Zip . Country		Zip	Zip Coun		5. Certif	icate of Status Desired		.00 Addi		1
	6. Name	and Address of Currer	nt Registered Agent	d Agent			7. Name and Address of New Registered Agent				
	· .		ست استولت چد دیر		Name		خشيستون سرهيم التراث المتناف المتاركة				1-
ELLIS, TOM					Street Address	(P.O. Box N	umber is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·			1
14291 N.W. 4TH STREET									<u></u>		\dashv
SUNRISE FL 33325					7-0-4						4
					City			FL	Zip Code		-
8. The above	named entity	y submits this statement	for the purpose of changing it	s register	ed office or registe	ered agent, o	or both, in the State of Flor	rida.			
SIGNATURE .											
	Signature, typed	or printed name of registered age	nt and title if applicable. (NO	TE: Registere	ed Agent signature require	d when reinstati	ng)	DATE			+
					FEE IS \$50.00 o Department (
											1
9.	HOD	MANAGING MEM	BERS/MEMBERS	10.	.		ADDITIONS/		Change	Addition	ءِ [
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CITY- 8T- ZIP	COOKEVILLE IIV 30301				- ST- ZIP		<u>****3</u> !		****5		\dashv
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CITY- 8T-ZIP					- ST- ZIP						
11. I 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 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.											
SIGNAT	URE:	LOUS SIGNATURE AND TYPED OR D	RINGS NAME OF SIGNING MANAGING	MEMBER (D OR MANAGER		4/26/6C	Davtim	ne Phone #		
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