

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M96000000015

1. Entity Name

AVERITT/PALM INVESTMENTS, LLC



Principal Place of Business

1415 NEAL STREET
COOKEVILLE, TN 38502-3166

Mailing Address

PO BOX 3166
COOKEVILLE, TN 38502-3166



04212005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1610399

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, TOM
14291 N.W. 4TH STREET
SUNRISE, FL 33325

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

U000000346758
04/30/05-80089-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ELLIS, TOM
STREET ADDRESS	14291 N.W. 4TH STREET
CITY- ST- ZIP	SUNRISE, FL 33325
TITLE	MGR
NAME	SASSER, GARY D
STREET ADDRESS	1415 NEAL STREET
CITY- ST- ZIP	COOKEVILLE, TN 385023166
TITLE	MGR
NAME	JOHNSON, GEORGE H
STREET ADDRESS	1415 NEAL STREET
CITY- ST- ZIP	COOKEVILLE, TN 385023166
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/05

931-525-5353

Date

Daytime Phone #