


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 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
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DO NOT WRITE IN THIS SPACE



03242006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 62-1610399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELLIS, TOM 14291 N.W. 4TH STREET SUNRISE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SASSER, GARY D 1415 NEAL STREET COOKEVILLE, TN 385023166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, GEORGE H 1415 NEAL STREET COOKEVILLE, TN 385023166
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04/12/06-80085-013 50.00

**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: George H. Johnson George H. Johnson, MGR 3/24/06 (931) 526-3306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #