

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 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**

DO NOT WRITE IN THIS SPACE



03082007 No Chg-LLC

CR2E083 (11/05)

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, 2007**

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	

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03/28/07-80070-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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*

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

George H. Johnson, MGR. 3/12/07 (931) 526-3306

Date

Daytime Phone #