

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 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**



04172008 No Chg-LLC

CR2E083 (12/07)

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000913435

05/08/08-80016-004 138.75

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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 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: _____

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

George H. Johnson, MGR

4/18/08

Date

(931) 526-3306

Daytime Phone #