


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB 25 AM 10:25	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000197 ALABAMA AFFORDABLE HOUSING L.L.C. 275 S.E. BROAD STREET SOUTHERN PINES NC 28387		1a. Principal Place of Business Address 275 S.E. BROAD STREET SOUTHERN PINES NC 28387			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 04/17/1997 4. FEI Number 56-1943147 5. Date of Last Report 03/02/1998	
				3a. State of Formation NC <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent GOLD, TRISH 3019 RIDGEVALE CIRCLE VALRICO FL 33594			8. Name and Address of New Registered Agent/Office Name Debbie Allison Street Address (P.O. Box Number is Not Acceptable) 4400 Bayou Blvd Suite, Apt. #, etc. Suite 32 A City Pensacola FL Zip Code 32503		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <i>Debbie Allison</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required. If change is not in capital letters, it must be in capital letters.)</small>			DATE 2/22/99		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	LOGAN, W. ROBERT	P.O. BOX 117		SOUTHERN PINES NC	
MBR	SWATLEY, TERRY	5050 POPLAR AVE., SUITE 20 Suite 1800		MEMPHIS TN	

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *W Robert Logan* 2-19-99 910 692-3568

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