


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR -6 PM 1:30 4/6	
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 # M97000000772			
FT. MYERS APARTMENTS, LLC 813 NORTSHORE DRIVE, SUITE 201 KNOXVILLE TN 37919		1a. Principal Place of Business Address 813 NORTSHORE DRIVE, SUITE KNOXVILLE TN 37919			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/21/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		TN	
Country		Country		4. FEI Number	
				62-1718781 APPLIED FOR	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				S8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
LIGHTSEY, ALTON 215 SOUTH MONROE STREET TALLAHASSEE FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				Suite, Apt. #, etc.	
				City	
				3000002485473--0 -04/10/98--01107--004 ****188.75 ****188.75 FL	
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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE _____					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	REED, JOSEPH W	813 NORTSHORE DRIVE, SUITE 201		KNOXVILLE TN 37919	
MGR	HIGGINS, R. GARY	813 NORTSHORE DRIVE, SUITE 201		KNOXVILLE TN 37919	
MGR	Coleman, John W.	813 Northshore Dr., Suite 201		Knoxville, TN 37919	
MGR	Willingham, Richard B.	813 Northshore Dr., Suite 201		Knoxville, TN 37919	
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: <u>Joseph W Reed (Joseph W. Reed)</u> 4/1/98 A23-584-2300					