
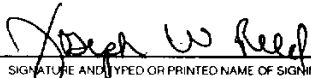


2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1 Name and Mailing Address of Limited Liability Company FT. MYERS APARTMENTS, LLC 813 NORTSHORE DRIVE, SUITE 201 KNOXVILLE TN 37919		DOCUMENT # M97000000772	
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 11/21/1997		3a. State of Formation TN	
4. FEI Number 62-1718781		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 04/06/1998		6. Certificate of Status Desired <input type="checkbox"/> <small>See Instructions for Required</small>	
7. Name and Address of Current Registered Agent LIGHTSEY, ALTON 215 SOUTH MONROE STREET TALLAHASSEE FL 32301		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code 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	KNOXVILLE TN
MGR	HIGGINS, R. GARY	813 NORTSHORE DRIVE, SUITE	KNOXVILLE TN
MGR	COLEMAN, JOHN W	813 NORTSHORE DR., SUITE	KNOXVILLE TN
MGR	WILLINGHAM, RICHARD B	813 NORTSHORE DR., SUITE	KNOXVILLE TN
100002970411--0 -08/26/99--01004--026 ***188.75 ***188.75 100002970411--0 -08/26/99--01004--027 ***400.00 ***400.00			
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:  7/30/99 123.584.2300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			