
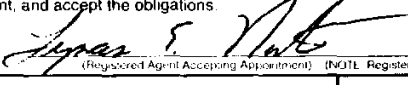



2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 SEP 29 PM 1:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 DOCUMENT # M98000000570 EVEREST TECHNOLOGIES, LLC 8835 BAY MEADOW ROAD, SUITE 3-171 JACKSONVILLE FL 32256		1a. Principal Place of Business Address 8835 BAY MEADOW ROAD, SUITE 3-171 JACKSONVILLE FL 32256			
2. Principal Place of Business 1045 RIVERSIDE AVENUE Suite, Apt. #, etc. SUITE #235 City & State JACKSONVILLE, FL Zip 32204 Country USA		2a. Mailing Address 1045 RIVERSIDE AVENUE Suite, Apt. #, etc. SUITE #235 City & State JACKSONVILLE, FL Zip 32204 Country USA		3. Date Organized or Qualified 06/05/1998 3a. State of Formation TN 4. FEI Number 62-1692126 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent HURST, DENNIS W 13810 SUTTON PARK DRIVE NORTH #228 JACKSONVILLE FL 32224		8. Name and Address of New Registered Agent/Office Name LYMAN E. NORTON Street Address (P.O. Box Number is Not Acceptable) 1045 RIVERSIDE AVENUE Suite, Apt. #, etc. SUITE #235 City JACKSONVILLE, FL Zip Code 32204			
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  LYMAN E. NORTON DATE 8/30/99 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM BROWN, ROBERT S		401 CHURCH STREET, SUITE 2		NASHVILLE TN 37219	
MGRM HOUGH, STEPHEN R		6213 CHARLOTTE PIKE		NASHVILLE TN 37209	
MGR HURST, DENNIS W		13810 SUTTON PARK DRIVE NORTH #228		JACKSONVILLE FL 32224	
MGR NORTON, LYMAN E.		1045 RIVERSIDE AVE, SUITE #235		JACKSONVILLE, FL 32204	
				100003006621--0 -10/06/99--01002--016 ****588.75 ****588.75 64 10-1-99	
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:  LYMAN E. NORTON 8/30/99 (904)353-2929 Date Daytime Phone #					