


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 99 APR -7 AM 9:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # M98000000362			
1. Name and Mailing Address of Limited Liability Company MCCRIGHT & ASSOCIATES, L.C. 744 MCCALLIE AVENUE, SUITE 410 DOCTOR'S BUILDING CHATTANOOGA TN 37403			1a. Principal Place of Business Address 744 MCCALLIE AVENUE, SUITE 4 DOCTOR'S BUILDING CHATTANOOGA TN 37403		
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/15/1998	
City & State		City & State		3a. State of Formation	
Zip		Country		TN	
				4. FEI Number	
				62-1722156	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			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 _____			DATE _____		
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when filing change)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MCCRIGHT, STAN	744 MCCALLIE AVENUE, SUITE		CHATTANOOGA TN	
MGR	POELLARD, BILL	744 MCCALLIE AVENUE, SUITE		CHATTANOOGA TN	
MGR	MCCRIGHT, SARAH	744 MCCALLIE AVENUE, SUITE 410		CHATTANOOGA, TN 37403	
MGR	MCCRIGHT, NICOLLE	744 MCCALLIE AVENUE, SUITE 410		CHATTANOOGA, TN 37403	
300002840859-00 -04/15/99--01105--016 ****188.75 ****188.75					
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: _____			3-21-99 423-267-1300		