


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2008 SEP 17 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M98000000362					
1. Entity Name MCCRIGHT & ASSOCIATES, L.C.					
Principal Place of Business 300B HIGH ST. CHATTANOOGA, TN 37403			Mailing Address P.O. BOX 6038 CHATTANOOGA, TN 37401		
2. Principal Place of Business - No P.O. Box # 928 McCallie Avenue			3. Mailing Address Suite, Apt. #, etc.		
City & State Chattanooga, TN 37403			City & State		
Zip 37403		Country USA		4. FEI Number 62-1722156	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCCRIGHT, STAN 300B HIGH STREET CHATTANOOGA, TN 37403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	XX Change <input type="checkbox"/> Addition 744 McCallie Avenue	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCCRIGHT, ELIZABETH 300B HIGH STREET CHATTANOOGA, TN 37403	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	XX Change <input type="checkbox"/> Addition 744 McCallie Avenue	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400136149754 09/19/08--01042--008 **138.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.					
SIGNATURE: <i>EF McCright</i>		Elizabeth McCright Stan McCright, Member		Sept 10, 2008 423-267-1300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	