


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000092573 1. Entity Name US 98, LLC	
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Principal Place of Business 8940 GALL BOULEVARD ZEPHYRHILLS, FL 33541	Mailing Address 6621 WILBANKS ROAD KNOXVILLE, TN 37912
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DO NOT WRITE IN THIS SPACE



04072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2326692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TURNER, BEN R 8940 GALL BOULEVARD ZEPHYRHILLS, FL 33541
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>

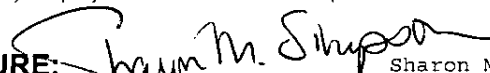
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000936664
05/27/08-80019-023 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS AND JORDAN, INC. 6621 WILBANKS ROAD KNOXVILLE, TN 37912
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Sharon M Simpson, Asst Corp Secretary <small>Date</small>	4-29-08 <small>Daytime Phone #</small>	(865) 219-7357
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