

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAR 9 AM 10:25

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1 Name and Mailing Address of Limited Liability Company DOCUMENT # L94000000148 SUNNY HILL PLANTATION, L.C. 735 BROAD ST., SUITE 1108 CHATTANOOGA TN 37402		1a. Principal Place of Business Address 735 BROAD ST., SUITE 1108 CHATTANOOGA TN 37402	
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 04/13/1994		3a. State of Formation FL	
4. FEI Number 59-3235581		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 03/23/1998		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CANTAD, J. MARSHALL WASHINGTON SQUARE BUILDING 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32302		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 _____		DATE _____	
<small>(The Registered Agent Accepting Appointment to the Office of Registered Agent is required to sign this report.)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
	MGR MCKENZIE, W. THORPE	735 BROAD STREET, SUITE 1108	CHATTANOOGA TN 37402
3000028008931-3 -03/10/99--01062--006 ***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: 		2/25/99 423-266-3544	
<small>SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER (NAME, ADDRESS, CITY, STATE AND ZIP CODE)</small>			