2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 22, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # L9400000148		Secretary of State	
Principal Place of Business Mailing Address 735 BROAD ST., SUITE 1108 735 BROAD ST., SUITE 1108 CHATTANOOGA, TN 37402 CHATTANOOGA, TN 37402				
C	OO NOT WRITE IN T	HIS SPACE	03182005No Chg-LLC	
	6. Name and Address of Current Registered Ag	ent		1
WASHING 227 SOUT	J. MARSHALL TON SQUARE BUILDING H CALHOUN STREET SSEE, FL 32302		DO NOT WRITE IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of lons of registered agent.	changing its registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed of printed name of registered agent and title if applicable.	(NOTE: Begistered Agent signature re	37AD (potskener nedw berupe	
Fi D	ling Fee is \$50.00 ue by May 1, 2005		04/22/05-80004-003 50.00	
9.	MANAGING MEMBERS/MANAGER	\$		١
title Name Street address City St-Zip	MGRM MCKENZIE, W. THORPE 735 BROAD STREET, SUITE 1108 CHATTANOOGA, TN 37402			
NAME STREET ADDRESS CITY-ST-ZIP	, ***			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST ZIP	A file and a second		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS CITY-SI-ZIP				
indicated	ertify that the information supplied with this filing does on this report is true and accurate and that my signatu polity company of the receiver or trustee employered to	re shall have the same lègal effect a	in Section 119.07(3)(i). Florida Statutes. I further certify that the information is if made under oath, that I am a managing member or manager of the chapter 608, Florida Statutes.	
SIGNAT	URE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGIN	MEMBER, OF AUTHORIZED REPRESENTATI	M-18-05 433 366 3544 Date Date Daylerie Proce #	·