


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90147 020 ****50.00

DOCUMENT # M02000000130 1. Entity Name FOGELMAN MANAGEMENT GROUP, LLC					
Principal Place of Business 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119			Mailing Address 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 62-1679568	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 acknowledge the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CEO <input type="checkbox"/> Delete FOGELMAN, RICHARD L 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad Debra Millwood 5400 Poplar #200 Memphis TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Delete KELLY, JEFFREY L 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad Greg Williams 5400 Poplar #200 Memphis TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete Exec. VP RANGLES, JOHN A III 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad Sheila Pennington 5400 Poplar #200 Memphis TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete Sr. VP JACKSON, KEVIN Q 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad Melissa Smith 5400 Poplar #200 Memphis TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete President FOGELMAN, MARK 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad Robert Long 5400 Poplar #200 Memphis TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete Sr. VP BAKER, STANLEY 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad

11. I 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 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: John A. Randles III **John A. Randles III** 7/27/04 901-767-6500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #