


# 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.

05042004 Chg-LLC CR2E083 (10/03)

City & State  
 Zip Country

4. FEI Number  
**62-1679568**

Applied For  
 Not Applied

5. Certificate of Status Desired  **\$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 accept 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>CEO</b> <input type="checkbox"/> Delete FOGELMAN, RICHARD L 5400 POPLAR AVENUE, 2ND FLOOR 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	MGR <b>Exec. VP</b> <input type="checkbox"/> Delete RANGLES, JOHN A III 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Sr. VP</b> <input type="checkbox"/> Delete JACKSON, KEVIN Q 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>President</b> <input type="checkbox"/> Delete FOGELMAN, MARK 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>Sr. VP</b> <input type="checkbox"/> Delete BAKER, STANLEY 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> AD Debra Millwood 5400 Poplar #200 Memphis TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> AD Greg Williams 5400 Poplar #200 Memphis TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> AD Sheila Pennington 5400 Poplar #200 Memphis TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> AD Melissa Smith 5400 Poplar #200 Memphis TN 38119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> AD Robert Long #200 5400 Poplar #200 Memphis TN 38119

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** 7/27/04 901-767-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #