


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90021 024 ****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

Zip

Country



04042005 Chg-LLC CR2E083 (10/03)

4. FEI Number
62-1679568

Applied For
 Not Applicable

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 May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FOGELMAN, RICHARD L 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLWOOD, DEBRA 5400 POPLER #200 MEMPHIS, TN 38119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RANGLES, JOHN A III 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, KEVIN Q 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOGELMAN, MARK 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKER, STANLEY 5400 POPLAR AVENUE, 2ND FLOOR MEMPHIS, TN 38119 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Deborah Raffanti 5400 Poplar #200 Memphis TN 38119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Gregory Williams 5400 Poplar #200 Memphis TN 38119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sheila Pennington 5400 Poplar #200 Memphis TN 38119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Darren Lee 5400 Poplar Ave #200 Memphis TN 38119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Robert Long 5400 Poplar #200 Memphis TN 38119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Melissa Smith 5400 Poplar #200 Memphis TN 38119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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** 4/1/05 901-767-6500

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