

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90105 010 ****50.00

200000001



01202005 Chg-LLC CR2E083 (10/03)

4. FEI Number 62-1693667 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUERRA, GEORGE
100 N TAMPA ST, STE 3550
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
100 N. Tampa, Suite 1800
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	MGRM	<input type="checkbox"/> Delete
NAME	TATE, SHEPARD D	
STREET ADDRESS	ONE COMMERCE SQUARE, SUITE 2500	
CITY-ST-ZIP	MEMPHIS, TN 38103	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAZARINI, CHRISTOPHER G	
STREET ADDRESS	ONE COMMERCE SQUARE, SUITE 2500	
CITY-ST-ZIP	MEMPHIS, TN 38103	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BEALL, SCOTT T	
STREET ADDRESS	ONE COMMERCE SQUARE, SUITE 2500	
CITY-ST-ZIP	MEMPHIS, TN 38103	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRADY, MICHAEL A	
STREET ADDRESS	ONE COMMERCE SQUARE, SUITE 2500	
CITY-ST-ZIP	MEMPHIS, TN 38103	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GUERRA, GEORGE	
STREET ADDRESS	100 N TAMPA ST, STE 3550	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 N. Tampa, Suite 1800	
CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca C. Davis	
STREET ADDRESS	One Commerce Sq. Suite 2500	
CITY-ST-ZIP	Memphis, TN 38103	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CHRISTOPHER G. LAZARINI

Date

1/20/05

Daytime Phone #

901/524-9900