



File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED APR -9 PM 5:00 SECRETARY OF STATE HALL OF RECORDS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M96000000169		1a. Principal Place of Business Address	
TURTLE CREEK/TAMPA, L.L.C. 300 BROADWAY, SUITE 210 NASHVILLE TN 37201				300 BROADWAY, SUITE 210 NASHVILLE TN 37201	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
3301 West End Ave		3301 West End Ave		05/10/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
Suite 200		Suite 200		TN	
City & State		City & State		4. FEI Number	
Nashville, TN		Nashville, TN		62-1631686	
Zip		Zip		<input type="checkbox"/> Applied For	
37203		37203		<input type="checkbox"/> Not Applicable	
Country		Country		5. Date of Last Report	
Davidson		Davidson		04/27/1998	
6. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
BARNES, ROBERT L JR. 2655 MCCORMICK DRIVE CLEARWATER FL 34619		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc. 808002842478--8			
		City			
		-04/16/99 --01086--017			
		****188.75 ****188.75			
		FL Zip Code			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not a director)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CARTER, L. MARC	300 BROADWAY, SUITE 210		NASHVILLE TN	
T.J.G. APR 15 1999					
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  3/21/99					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER					