


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	
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 ALLEN & O'HARA CONSTRUCTION CO., LLC P.O. BOX 771798 MEMPHIS TN 38177-1798			DOCUMENT # M96000000388		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			1a. Principal Place of Business Address 530 OAK COURT DRIVE, SUITE 305 MEMPHIS TN 38117		
2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country			3. Date Organized or Qualified 10/08/1996 3a. State of Formation TN		
			4. FEI Number 62-1628721 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
			5. Date of Last Report 06/05/1998 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>		
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	PORTER, CLYDE C	530 OAK COURT DRIVE, SUITE		MEMPHIS TN	
7000002792647--9 03/02/99--01083--001 ****188.75 ****188.75					
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: <i>Clyde C Porter</i>		Clyde C. Porter President		2/18/99 901/259-2560	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S MANAGING MEMBER OR MANAGER		Date		Day/Mo/Year	