


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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -2 PM 1:44

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company WELLINGTON GROUP, LLC 1865 EXECUTIVE PARK DRIVE CLEVELAND TN 37312	DOCUMENT # M96000000416
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1a. Principal Place of Business Address 1865 EXECUTIVE PARK DRIVE CLEVELAND TN 37312
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 10/23/1996	3a. State of Formation TN
		4. FEI Number 62-1643012	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 04/20/1998	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent ROARK, DONALD A 601 SOUTH PALAFOX STREET PENSACOLA FL 32573	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
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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 changing agent)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	STOUT, WILLIAM J JR.	1865 EXECUTIVE PARK DRIVE	CLEVELAND TN
MGRM	WEST, MARK D	1865 EXECUTIVE PARK DRIVE	CLEVELAND TN

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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: Mark D. West 3/23/99
SIGNATURE AND TYPE (PRINT) OF PHILIP: CA SECRETARY MARIA WELLS AND RECORDS OFFICER