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

attachment with an address.

SIGNATURE:

JNHSE10 R (12-98)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

marled 41.4197

100 APR 20 AH 11:32

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M9700000119								
SETEL, LLC						1a. Principal Place of Business Address		
500 ROYAL PARKWAY NASHVILLE TN 37214					ALM	500 ROYAL PARKWAY NASHVILLE TN 37214		
2 Principal Place of Business 2a. Mailing Address						3. Date Organize	ed or Qualified	3a. State of Formation
The state of the s						03/10/1		TN
Suite, Apt. #. etc. Suite, Apt			l. #, etc.			4 FELNumber		Applied For
City & State City & Sta			ate			62-1553250		
						5. Date of Last Report		Not Applicable 6. Certificate of Status Desired
Zip	Country	Ζιμ	Country		y	05/01/1998		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent					8. f	8. Name and Address of New Registered Agent/Office		
					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL above-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. I hereby accept the appointment			
SIGNATURE (Responsed April Asserbles April Meet 2, 1913), Responsed April Section 1					re joer diwates in Sollating		DATE .	
10. Title Managing Members/Managers			Business Street Address			City, State and Zip Code		
MGR MGR	HALEY, JOHN CARVER, KEN				PARKWAY PARKWAY		NASHVI NASHVI	LLE TN
Man			00 n	OVAT	na numa v		N3 01117	TTT MN
MGR	ALLEN, WILLIAM F	3	UU R	LAIO	PARKWAY		NASHVI	LLE TN
-MOR-	CASTEEL, JIM	-5 4	R 00	-LAKYO	-PARKWAY -		EVHOAM-	THE TH
(80	10000000 -0473 ****	2957528 079901002012 188.75 ****188.7\$

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i). Florida Statutes. Hurther 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 hability 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

SISDATURE AND TYPE DISTORDED THAT DANG THE SIGNIFF MANAGED INFORMATION

10:20 (