


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -1 PM 4:09	
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 C.C.H.&P. GROUP, L.L.C. 624 1/4 W. MAGNOLIA AVENUE AUBURN AL				DOCUMENT # M97000000529	
2. Principal Place of Business 542 S. DEAN ROAD Suite, Apt. #, etc. % J. In Corp City & State Auburn AL Zip 36830				2a. Mailing Address 542 S. DEAN RD Suite, Apt. #, etc. City & State Auburn, AL Zip 36830	
3. Date Organized or Qualified 08/21/1997				3a. State of Formation AL	
4. FEI Number NOT APPLICABLE				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent CASTLEBERRY, DOTTIE 133 HIGHPOINT DRIVE GULF BREEZE FL 36256			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code M6A		
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 reissuing)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	COPE, CHARLOTTE	542 S DEAN ROAD		AUBURN AL	
MGRM	HAM, CAROL	P.O. BOX 1062 N/A		AUBURN AL	
MGRM	PITTARD, CAROL	441 PINE DALE DRIVE		AUBURN AL	
MGRM	CHASE, JUDY	1206 FERNDAL DRIVE		AUBURN AL	
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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) (l), 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: Charlotte Cope CHARLOTTE COPE 4/24/98 334-921-0098 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					