


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 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 C.C.H. & P. GROUP, L.L.C. 542 S. DEAN ROAD %JOHN COPE AUBURN AL 36830		DOCUMENT # M97000000529	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 542 S. DEAN ROAD %JOHN COPE AUBURN AL 36830 3. Date Organized or Qualified 08/21/1997 3a. State of Formation AL 4. FET Number NOT APPLICABLE 5. Date of Last Report 05/01/1998 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 80000028427518- 3: -04/16/99--01100--014 ****188.75 ****188.75 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 _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when appointing)		DATE _____	
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
T.J.C. 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: <u>Charlotte Cope</u> SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR SECRETARY			