

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 APR 13 AM 10:19

A 4/14

**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 #** M97000000806

IMANAGE TECHNOLOGIES GROUP, LLC  
6621 WILBANKS ROAD  
KNOXVILLE TN 37912

1a. Principal Place of Business Address

6621 WILBANKS ROAD  
KNOXVILLE TN 37912

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

12/03/1997

TN

4. FEI Number

62-1688381

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

FUTCH, DORINDA A  
8940 GALL BOULEVARD  
ZEPHYRHILLS FL 33541

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

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	<del>McMILLEN</del> MCMILLEN, J. PATRICK	6621 WILBANKS ROAD	KNOXVILLE TN
MGR	PHILLIPS, WILLIAM T JR	6621 WILBANKS ROAD	KNOXVILLE TN
MGR	MCCULLEY, LESA P	SUITE 18, 120 S. PETERS RO	KNOXVILLE TN

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\*\*\*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: William T. Phillips Jr., Manager 3-23-98 423/688-8342  
SIGNATURE AND TYPE (I) OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #