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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 # M98000000806

KCP OF TENNESSEE, L.L.C.
1068 CRESTHAVEN, STE 500
MEMPHIS TN 38119

1a. Principal Place of Business Address

1068 CRESTHAVEN, STE 500
MEMPHIS TN 38119

2. Principal Place of Business	2a. Mailing Address
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3. Date Organized or Qualified	3a. State of Formation
07/13/1998	TN

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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07/13/1998	IN
4. FBI Number	<input type="checkbox"/> Applied For

City & State	City & State
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62-1747364		<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired	

Zip	Country	Zip	Country
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5. Date of Last Report 8/98

7. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	5000003142615--3 -02/22/00--01027--021
City	****200.00 FL

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SMITH, KIRBY L	1068 CRESTHAVEN, STE 500	MEMPHIS TN
MGRM	SMITH, CHRISTOPHER S	1068 CRESTHAVEN, STE 500	MEMPHIS TN
MGRM	SMITH, PAIGE A	1068 CRESTHAVEN, STE 500	MEMPHIS TN

REINSTATEMENT 99-00
ck

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: Christopher S. Smith *Chx S Smith* 12/31/99 (901) 763-0446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #