


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		FILED 99 MAR 17 AM 8:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 CME MANAGEMENT, LLC 357 TOWNE CENTER BLVD. #102 RIDGELAND MS 39157		DOCUMENT # M98000001275		1a. Principal Place of Business Address 357 TOWNE CENTER BLVD. #102 RIDGELAND MS 39157	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address P O BOX 2607 Suite, Apt. #, etc. City & State RIDGELAND, MS Zip Country 39158-2607 USA		3. Date Organized or Qualified 10/28/1998 4. FEI Number 72-1345001 5. Date of Last Report	
				3a. State of Formation MS <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent ABRAHAM, DAVID T BRANT, MOORE, MACDONALD & WELLS 50 NORTH LAURA STREET, SUITE 3100 JACKSONVILLE FL 32202			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 200002820192 Suite, Apt. #, etc. -03/26/99--01068--000 ****188.75 ****188.75 City FL Zip Code		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	MILLER, RAYMOND K	148 SUMMER BAY DRIVE		RIDGELAND MS	
MGR	CLEMENTS, ROBERT E	1009 ANNANDALE DRIVE		MADISON MS	
MGR	CLEMENTS, L.P.	223 AZALEA COURT 506 BEACON CV		BRANDON MS	
<i>SL</i> 3-24-99					
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: _____		RAYMOND K. MILLER		3-12-99 601-991-2003	