


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90205 043 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000009036	
<b>1. Entity Name</b> TEX PALACE, LLC	

<b>Principal Place of Business</b> 1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541	<b>Mailing Address</b> 1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541
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<b>2. Principal Place of Business</b> 1582 S. Pearl St. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1582 S. Pearl St. Suite, Apt. #, etc.
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<b>City &amp; State</b> Crestview, FL	<b>City &amp; State</b> Crestview, FL
<b>Zip</b> 32539	<b>Zip</b> 32539
<b>Country</b> USA	<b>Country</b> USA



01122004 Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 74-3045814	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> MCKELVY, WILLIAM R 1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1582 S. Pearl St. <b>City</b> Crestview <b>FL</b> <b>Zip Code</b> 32539
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**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKELVY, WILLIAM R 1217 AIRPORT ROAD DESTIN, FL 32541 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1582 S. Pearl St. Crestview, FL 32539
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11.** I 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 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.

**SIGNATURE:** W.R. MCKELVY 1/12/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #