


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-20-2004 90204 001 \*\*\*\*50.00

DOCUMENT # L02000012273		
1. Entity Name TEX PALACE I, LLC		

Principal Place of Business 1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541	Mailing Address 1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541
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2. Principal Place of Business 1582 S. Pearl St. Suite, Apt. #, etc.	3. Mailing Address 1582 S. Pearl St. Suite, Apt. #, etc.
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City & State Crestview, FL	City & State Crestview, FL	4. FEI Number 74-3045814	Applied For Not Applicable
Zip 32539	Country USA	Zip 32539	Country USA

01122004 Chg-LLC CR2E083 (10/03)



6. Name and Address of Current Registered Agent MCKELVY, WILLIAM R 1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1582 S. Pearl St. City Crestview FL Zip Code 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKELVY, WILLIAM R 1217 AIRPORT ROAD DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1582 S. Pearl St. Crestview, FL 32539 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/12/04

Date

Daytime Phone #