

FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 MAR 11 PM 12: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L96000000169

CRUSADE INVESTMENTS, L.C.
1795 HIDDEN LAKE DRIVE
ROCKLEDGE FL 32955

1a. Principal Place of Business Address

1795 HIDDEN LAKE DRIVE
ROCKLEDGE FL 32955

2. Principal Place of Business <i>1795 Hidden Lake Dr</i>		2a. Mailing Address <i>P.O. Box 540206</i>	3. Date Organized or Qualified <i>02/09/1996</i>	3a. State of Formation <i>FL</i>
City & State <i>Rockledge, FL</i>		City & State <i>MORRIS ISLAND, FL</i>	4. FEI Number <i>59-3366336</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <i>32955</i>	Country <i>US</i>	Zip <i>32954</i>	Country <i>US</i>	5. Date of Last Report <i>NOW</i>
7. Name and Address of Current Registered Agent WOOLFE, ROBERT C 1795 HIDDEN LAKE DRIVE ROCKLEDGE FL 32955				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent WOOLFE, ROBERT C 1795 HIDDEN LAKE DRIVE ROCKLEDGE FL 32955		8. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code FL

9. Pursuant to the provisions of Sections 609.416 and 609.408, 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 *[Signature]* (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE *3/5/97*

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	LOVELL, RONALD	1795 HIDDEN LAKE DRIVE	ROCKLEDGE FL
MGR	WOOLFE, ROBERT	1795 HIDDEN LAKE DRIVE	ROCKLEDGE FL

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****203.75 ****203.75

[Signature]
3/12/97

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: *[Signature]* DATE *3/5/97* (407) *453-4081*
Daytime Phone #