File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAR TO AN IO: 55 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SECRETARIE DE STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000169** 1a. Principal Place of Business Address CRUSADE INVESTMENTS, L.C. P.O. BOX 540206 1795 HIDDEN LAKE DRIVE MERRITT ISLAND FL 32954 ROCKLEDGE FL 32955 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 103 RIVER HEIGHTS Suite, Apt. #, etc. V.O.Box 540206 02/09/1996 FLSuite, Apt. #, etc 4. FEI Number Applied For City & State City & State 59-3366336 Not Applicable COCOA MORRITI Island. 5. Date of Last Report 6. Certificate of Status Desired US \$8.75 Additional Fee Required US 32722 32954 04/06/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office RONALD D. LOUGE WOOLFE, ROBERT C 1795 HIDDEN LAKE DRIVE Street Address (P.O. Box Number is Not Acceptable) ROCKLEDGE FL 32955 103 RIVER HEIGHTS Zip Code COCOA 32722 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 aftirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE ___. (Registered Agent Accepting Aptropromers). (NYTE, Bug stored Agent signature required when too tutings **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers MGR LOVELL, RONALD 1795 HIDDEN LAKE DRIVE ROCKLEDGE FL MGR WOOLFE, ROBERT 1795 RIDDEN LAKE DRIVE ROCKLEDGE FL 28**11**353--19/99--01009--015 ****188.7 1 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. If unther 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 the report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:

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