
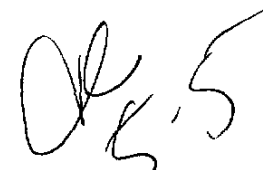


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAY -4 PM 4: 09 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		DOCUMENT # L97000001015			
PALISADE INVESTMENTS, L.L.C. <del>1455 SOUTH FERDON BLVD., SUITE A-1</del> CRESTVIEW FL 32536		1a. Principal Place of Business Address <del>1455 SOUTH FERDON BLVD., SUITE A-1</del> CRESTVIEW FL 32536			
2. Principal Place of Business 301 E. HICKORY AVE. Suite, Apt. #, etc. City & State CRESTVIEW, FL Zip 32536		2a. Mailing Address 301 E. HICKORY AVE. Suite, Apt. #, etc. City & State CRESTVIEW, FL Zip 32536		3. Date Organized or Qualified 09/15/1997 3a. State of Formation FL 4. FEI Number 59-3471222 5. Date of Last Report N/A 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent CROWE, TOM L 424 APPLE DRIVE CRESTVIEW FL 32536		8. Name and Address of New Registered Agent/Office Name TOM L. CROWE Street Address (P.O. Box Number is Not Acceptable) 301 E. HICKORY AVE. Suite, Apt. #, etc. City CRESTVIEW, FL Zip Code 32536			
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 <u>Tom L. Crowe</u> DATE <u>4/24/98</u> (Not signed Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	CHILDERS, WESLEY M	113 KIPLING DRIVE		CRESTVIEW FL	
MGRM	CROWE, TOM L	<del>424 APPLE DRIVE</del> 301 E. HICKORY AVE.		CRESTVIEW FL	
				 100002513471-8 -05/06/98--01074--002 ****188.75 ****188.75	
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: <u>Wesley M. Childers</u> (850) 482-4357 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #					