

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
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FILED

98 MAY -4 PM 4: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L97000001015</b>  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
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2. Principal Place of Business <b>301 E. HICKORY AVE.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>301 E. HICKORY AVE.</b> Suite, Apt. #, etc.	3. Date Organized or Qualified <b>09/15/1997</b>	3a. State of Formation <b>FL</b>
City & State <b>CRESTVIEW, FL</b>	City & State <b>CRESTVIEW, FL</b>	4. FEI Number <b>59-3471222</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>32536</b>	Country	5. Date of Last Report <b>N/A</b>	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent <b>CROWE, TOM L</b> <b>424 APPLE DRIVE</b> <b>CRESTVIEW FL 32536</b>	8. Name and Address of New Registered Agent/Office Name <b>TOM L. CROWE</b> Street Address (P.O. Box Number is Not Acceptable) <b>301 E. HICKORY AVE.</b> Suite, Apt. #, etc. City <b>CRESTVIEW, FL</b> Zip Code <b>32536</b>
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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 *Tom L. Crowe* DATE 4/24/98  
(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

*OK 5*

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\*\*\*\*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: *Wesley M. Childers* (850) 482-4357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #