Rocad 2/18/99-UN File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR -2 PM 1:44 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$-188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** 197000001015 1a. Principal Place of Business Address PALISADE INVESTMENTS, L.L.C. 301 E. HICKORY AVENUE 301 E. HICKORY AVENUE CRESTVIEW FL 32536 CRESTVIEW FL 32536 2. Principal Place of Business 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 09/15/1997 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3471222 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country S8.75 Additional Fee Required 05/04/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CROWE, TOM L 301 E. HICKORY AVENUE Street Address (P.O. Box Number is Not Acceptable) CRESTVIEW FL 32536 -04/16/99--01072--004 Suite, Apt. #, etc. \*\*\*\*188.75 \*\*\*\*188.75 Zip Code City 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 vole of a majority of the members. Thereby agept the appointment as registered agent, and accept the obligations. SIGNATURE ... DATE \_ ... (Registered Agent Accepting Appendicient): (NO'E Registered Agent signature regular of which reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code CHILDERS, WESLEY M 113 KIPLING DRIVE MGRM CRESTVIEW FL MGRM CROWE, TOM L 301 E. HICKORY AVENUE CRESTVIEW FL

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. Hurther 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

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attachment with an address.

SIGNATURE: