File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

Recvd 2/18/99 tlr

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -2 PM 1:44

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.
301 E. HICKORY AVENUE
CRESTVIEW FL 32536

1a. Principal Place of Business Address
301 E. HICKORY AVENUE
CRESTVIEW FL 32536

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified: 09/15/1997
3a. State of Formation: FL
4. FEI Number: 59-3471222
☐ Applied For ☐ Not Applicable
5. Date of Last Report: 05/04/1998
6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CROWE, TOM L 301 E. HICKORY AVENUE CRESTVIEW FL 32536	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL Zip Code

100002842161--7
-04/16/99--01072--004
****188.75 ****188.75

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 _____ DATE _____
(Registered 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	301 E. HICKORY AVENUE	CRESTVIEW FL

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: Tom L. Crowe 3/30/99 (850) 682-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

INHSE10 R (12-98)