

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90269 009 \*\*\*\*50.00

ADDRESS

**DOCUMENT # L97000001015**

1. Entity Name

**PALISADE INVESTMENTS, L.L.C.**

Principal Place of Business

**301 E. HICKORY AVENUE  
 CRESTVIEW FL 32536**

Mailing Address

**301 E. HICKORY AVENUE  
 CRESTVIEW FL 32536**

967236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**801 North Eglin Pkwy  
 Suite, Apt. #, etc.**

3. Mailing Address

**801 North Eglin Pkwy  
 Suite, Apt. #, etc.**

City & State

**Fort Walton Beach, FL**

City & State

**Fort Walton Beach, FL**

4. FEI Number

**59-3471222**

Applied For

Not Applicable

Zip

**32547**

Country

**USA**

Zip

**32547**

Country

**USA**

5. Certificate of Status Desired

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CROWE, TOM L  
 301 E. HICKORY AVENUE  
 CRESTVIEW FL 32536**

7. Name and Address of New Registered Agent

Name **Michael S. McDuffie**  
 Street Address (P.O. Box Number is Not Acceptable)  
**797 North Pearl Street**  
 City **Crestview** FL Zip Code **32536**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Michael S. McDuffie*

4/30/02

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHILDERS, WESLEY M 113 KIPLING DRIVE CRESTVIEW FL 32536	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROWE, TOM L 301 E. HICKORY AVENUE CRESTVIEW FL 32536	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bell, Linda L 903 Sunset Bay Shalimar, FL 32538	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM McDuffie, Michael S. 797 North Pearl Street Crestview, FL 32536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (9/01)

11. I 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 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.

SIGNATURE:

*Michael S. McDuffie*

4/30/02

850 682 4357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #