

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

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

2. Principal Place of Business

801 North Eglin Pkwy

Suite, Apt. #, etc.

3. Mailing Address

801 North Eglin Pkwy

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

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

10.

ADDITIONS/CHANGES

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

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
 Signature and typed or printed name of signing managing member, manager or authorized representative

4/30/02
 Date

850 682 4357
 Daytime Phone #

CR2E083 (9/01)