

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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000001194

C&E DEVELOPMENTS, L.C.
P.O. Box 5701
DESTIN, FL 32540

1a. Principal Place of Business Address
3606Z EMERALD COAST PARKWAY
DESTIN, FL 32541

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/28/97	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3477731		5. Date of Last Report		6. Certificate of Status Desired	
Zip Country		Zip Country		S8 75 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

MARION I. STARNES IV
3606Z EMERALD COAST PARKWAY
DESTIN, FL 32541

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

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

M. Starnes IV

DATE 4-30-99

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when making change)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	STARNES, MARION I. IV	4467 TURNBERRY PLACE	NICEVILLE, FL 32578

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-05/21/99-01117-014
****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:

M. Starnes IV

MARION I. STARNES IV

4-30-99

850-837-4750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER OR MANAGER

Date

Telephone Number