


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000070 1. Entity Name 98 PALMS PARENT, LLC	
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Principal Place of Business 250 WASHINGTON STREET PRATTVILLE, AL 36067	Mailing Address P.O. BOX 680176 PRATTVILLE, AL 36068
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01152004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3426284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIEHN, ROLAND W
220 MCKENZIE AVE.
PANAMA CITY, FL 32401

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CORPORATE GENERAL INC. 250 WASHINGTON STREET PRATTVILLE, AL 36067
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01/26/04-80037-005 50.00

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IN THIS SPACE**

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:  Thomas E. Newton, manager 1/21/04 334-361-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #