

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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 10 AM 11:09

FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company	DOCUMENT # M97000000246
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CRESTVIEW MARKETPLACE, L.L.C.
~~2000 ZELDA ROAD, SUITE 200-4~~
MONTGOMERY AL 36106

1a. Principal Place of Business Address 51 TACON STREET, SUITE B MOBILE AL 36607
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address 2525 Bell Road Suite, Apt. #, etc. City & State Montgomery, AL Zip 36117	3. Date Organized or Qualified 05/05/1997	3a. State of Formation AL
Country USA	4. FEI Number 63-1181310	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
	5. Date of Last Report 12/28/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent GEORGE, KERMIT 114 CEDAR AVENUE CRESTVIEW FL 32536	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
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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 _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	TROTMAN, CHARLES R	2000 ZELDA ROAD 2525 Bell Road	MONTGOMERY AL 36117
MGRM	FOSHEE, J. DAVID	51 TACON STREET, SUITE B	MOBILE AL 36607

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****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: 	J. DAVID FOSHEE, JR.	2/23/99	334/471-5352
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