File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS C9 APR 27 PH 5: 00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # M98000001318 1a. Principal Place of Business Address CRESTVIEW PARTNERS LLC 100 OLD MILLIGAN ROAD 100 OLD MILLIGAN ROAD CRESTVIEW FL 32536 CRESTVIEW FL 32536 3. Date Organized or Qualified | 3a. State of Formation 2. Principal Place of Business 2a. Mailing Address 11/06/1998 NC Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 56-2093154 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name CAMPBELL, JAMES S 3 WEST GARDEN STREET, 6TH FLOOR Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 <u> 700002868367--</u> Suite, Apt. #, etc. --05/07/99---01141---014 ****188 75 ****188 7 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 vole of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Title MGRM DRAUGHON, DONALD R JR. 100 OLD MILLIGAN ROAD CRESTVIEW FL TURNER, THOMAS G 100 OLD MILLIGAN ROAD CRESTVIEW FL MGRM)

INHSE 10 R (12-98)

SIGNATURE:

Donald R. Draughon, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

11. Ido 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.

NG MANAGING MEMBER OR MANAGER

April 26, 1999

(850) 682-2149

Daytin e Phone #