

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003350 AI

**DOCUMENT # A97000002292**

1. Entity Name  
**DESTINY DEVELOPMENT, LIMITED PARTNERSHIP**

FILED  
00 OCT 20 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 215 MOUNTAIN DRIVE, STE. 109, DESTIN FL 32541  
Mailing Address: 215 MOUNTAIN DRIVE, STE. 109, DESTIN FL 32541

2. Principal Place of Business: 999 Peachtree Street  
3. Mailing Address: same as under 2  
Suite, Apt. #, etc.: 1400

City & State: Atlanta, GA

4. FEI Number: 59-3477459  
Applied For: Not Applicable

Zip: 30309, Country: USA

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ROEGER, BERNHARD**  
215 MOUNTAIN DRIVE, STE. 109  
DESTIN FL 32541

7. Name and Address of New Registered Agent  
Name: CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road  
City: Plantation, FL, Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered name or registered agent, or both, in the State of Florida.  
SIGNATURE: *Mary R. Adams* MARY R. ADAMS, ASSISTANT SECRETARY, CT Corporation System-Service Company  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record: \$282,800.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	ROEGER, BERNHARD
NAME	215 MOUNTAIN DRIVE, STE. 109
STREET ADDRESS	DESTIN FL 32541
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	FF \$926.25
CITY-ST-ZIP	
STREET ADDRESS	500003395255--2
CITY-ST-ZIP	-09/15/00--01090--013
	****926.25 ****926.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Bernhard Roeger* SIGNATURE REQUIRED Bernhard Roeger 08/18/00 850-240-9922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)