

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90053 018 \*\*\*\*50.00

**DOCUMENT # L02000009708**

1. Entity Name

**DESTIN WEST REALTY, L.L.C.**



Principal Place of Business

**1322 MIRACLE STRIP PARKWAY S.E.  
FT. WALTON BEACH FL 32548**

Mailing Address

**1322 MIRACLE STRIP PARKWAY S.E.  
FT. WALTON BEACH FL 32548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**04-3652621**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALTERS, ELIZABETH J  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>MGRM</b>			
	<b>WALLACE, DAVID</b>			
	<b>1322 MIRACLE STRIP PARKWAY S.E.</b>			
	<b>FT. WALTON BEACH FL 32548</b>			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>WALLACE, DAVID</b>				
	<b>1322 MIRACLE STRIP PARKWAY SE</b>				
	<b>FT. WALTON BEACH, FL 32548</b>				
	<b>FRED E. TOUBERT III</b>				
	<b>MGRM</b>				
	<b>1322 MIRACLE STRIP PARKWAY SE</b>				
	<b>FORT WALTON BEACH FL 32548</b>				

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/15/03**

**850-243-9161**

Date

Daytime Phone #

CR2E083 (10/02)