

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A00000001737**

1. Entity Name  
**DESTIN PARTNERSHIP #2, LTD.**



Principal Place of Business  
**5858 CENTRAL AVENUE  
 ST. PETERSBURG, FL 33707**

Mailing Address  
**P.O. BOX 41847  
 ST. PETERSBURG, FL 33743-1847**

FILED  
 08 APR 30 AM 8:38  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

**59-3681942**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SHER, CRAIG H  
 5858 CENTRAL AVENUE  
 ST. PETERSBURG, FL 33707**

*[Signature]*

7. Name and Address of New Registered Agent

Name **JEMBLER, GREGORY S.**

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

**5858 CENTRAL AVENUE**

City

**ST. PETERSBURG FL**

Zip Code

**33707**

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]*

**PRESIDENT**

**4-23-08**

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

DATE

**FILE NOW!!! FEE IS \$500.00  
 After May 1, 2008, Fee will be \$900.00**

**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 # **P98000004274**  
 NAME **DESTIN RETAIL, INC.**  
 STREET ADDRESS **5858 CENTRAL AVENUE**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

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

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**900127455859  
 04/30/08--01052--022 \*\*508.75**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**VICE PRESIDENT**

**4/24/08**

**727-384-6000**

Date

Daytime Phone #

**RONALD P. Wheeler**

STAPLE CHECK HERE